0 0स स्थ स्याप्त ECEIVED FOR RECORD THIS ASING. GUEEN ANNE'S COUNTY, SOLI I HEREBY CERTIFY THAT (BER TSPIEM AND MEUTER 134 ELORD BOOK FOR QUEEN ANNEED (MANGED) 2/0/ (cpc1)

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Form 668 (Y) (Rev. October 1993)

#### Department of the Treasury - Internal Revenue Service

Notice of Federal Tax Lien

District			Serial Num	ber		For Option	onal Use by Recording Offic	<del>50</del> (
Ве	ALTIMORE			529407	37 <b>9</b>			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Code, we are have been as a demand for there is a lier property beloadditional per	by sections 6: giving a notice sessed against r payment of the n in favor of the paging to this nalties, interest	e that taxon the following liability to United taxpayer (and costs)	es (including ving-named to be some of the second to be seen all for the amous that may ac	j interest and place interest and place in its unpaid. The property and unt of these taccrue.	penaltics) ave made herefore, rights to axes, and		RECEIVED COURT CLERK, CIRCUIT COURT 94 APR 22 PH 12: 02	
Name of Taxpa	RYOT HUNTING FREDERI		CREEK ASS		a PARTNE	RSHIP	VED COURT PH I2: 02 PH COUNTY	(
	120 WEST WA ENTREVILLE		21617	- ···			<b>- - - - - - - - - -</b>	(1
unless notice	RELEASE INF of lien is refiled bllowing such da RECTS OR I	by the dat	te given in col e as a certific	lumn (e), this no cate of release a	otice shall, as defined			(
Kind of Tax (a)	Tax Period Ended (b)	Identifyl	ng Number (c)	Date of Assessment (d)	Last Da Refili (e)	ng .	Unpaid Balance of Assessment (f)	<del></del>
1065	12/31/86	52-1	443678	Ø6/13/88	Ø7/13/9	<b>28</b>	550 <b>0.</b> 00	
Place of Filing Original	ij.	QUEEN A CENTREV Data:	NNE'S CO ILLE, MD 74	21617	Т	Total	\$ 5500.00	_
This notice wa	s prepared and	d signed a					, on th	nis,
Signature	L. Hoars	und.		Title	Chief	SPf	<del></del>	_

DELAWARE-MARYLAND

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April 22

1994

RUNTINGFIELD CREEK ASSOCIATES, a Partnership FREDERICK L WILLARD FTR

120 WEST WATER-ST CENTREVILLE, MD 21617

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CLERK OF THE CIRCUIT COURT QUEEN ANNE'S COUNTY CENTREVILLE, MD 21617

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Baltimore: MD

05th Jun

8661

Chief, SPf

Form 668(Z) 2282 (Rev.8-97)

Department of the Treasury - Internal Revenue Service

# **Certificate of Release of Federal Tax Lien**

District		Serial Nun	nber		For Us	e by Recording Office
DELAWARE	E-MARYLAND		529407379			
l certify that of the Internadditions. The additions had internal revenals	the following-named nal Revenue Code ha herefore, the lien pr as been released. The enue tax lien was file	taxpayer, under the reas satisfied the taxes ovided by Code secone proper officer in the don	equirements of sects listed below and a tion 6321 for these the office where the 1 22	all statutory taxes and ne notice of		SERRY BANKS COUNTY
Name of Tax	payer HUNTING	FIELD CREEK A L WILLARD PT		Partner	ship	PH 1: 39
Residence	120 WEST WA CENTREVILLE					N 39 3
COURT RE Liber	CORDING INFO Page 124	RMATION: UCC No. n/a	Serial N 2101			
Kind of Tax (a)	Tax Period Ended (b)	Identifying Number (c)	Date of Assessment (d)	Last Day Refilln <i>(e)</i>	for g	Unpald Balance of Assessment (f)
1065	12/31/1986	52-1443678 ******	06/13/1988 *******	07/13/19 *****		5500.00
•			:3r;			
Place of Filing	QUEEN	OF THE CIRCUI ANNE'S COUNTY VILLE, MD 216			Total	\$ 5500.00
This notice wa	as prepared and s	igned at <b>Balt</b>	imore, MD			, on this,
the <u>05th</u>	day of June					
Signature 2	( alle		Title Ch i e	r, SPf		wifien Bey Bul 71-466, 1971-2 C.B. 409)

THO WILL TO THE SOOR OF THE STATE OF THE STA A COLDI TY A 6 JOHN AND WATER AND HEREBY CERCIFY THA



Lien # 2102

2102

Second and the sections 633, 6323, and 6323 of the immerial Revenue of Mark Sections 633, 6323, and 6323 of the immerial Revenue of Mark Sections 633, 6323, and 6323 of the immerial Revenue of Mark Sections 633, 6323, and 6323 of the immerial Revenue of Mark Sections 633, 6323, and 19676 to 10 10 10 10 10 10 10 10 10 10 10 10 10		S-01-5 VAVCEE		θl∄iΤ	SO <del>V</del>	18	ways I	eignature √n¤}
PALTIMORE, ND S29407433  Specially, but it cannot be serificate and penalties in the provided by serifore 5321, 6322, and 5323 of the inverse Revenue assessed against the total butter and penalties in the series of all property and rights to county as and costs that may scorue.  See is a lies in favor of this listing, but it certains unpearly and rights to county in the series and benefits and costs that may scorue.  Sidence RD 3 BOX 79  CENTREVILLE, MD 21617-9723  MPORTANT RELEASE INFORMATION. For each assessment listed below. The county of the date given in column (e). This notice strail.  Sidence RD 3 BOX 79  CENTREVILLE, MD 21617-9723  MPORTANT RELEASE INFORMATION. For each assessment listed below. The county of the date given in column (e). This notice strail. She to column (e). This notice strail. She county of the date given in column (e). This notice strail. She county of the date given in column (e). This notice strail. She county of the date given in column (e). This notice strail. She county of the date given in column (e). This notice strail. She county of the date given in column (e). This notice strail. She county of the column (e). The county of the column (e). The column (e). This notice strail. She county of the column (e). T	··· <del>·</del>		<u></u>	018:I	. <del></del>	-6ι' <u>τ</u>	i aqA lo	
BALTIMORE, MD  Sprovided by sections 5321, 6322, and 5323 of the Internal Revenue  a provided by sections 5321, 6322, and 5323 of the Internal Revenue  defermend for payment of this mebility, but it remains unpeak. Therefore,  defended for payment of this mebility, but it remains unpeak. Therefore,  since is a lien in terce of the lastpayer for the amount of these taxes, and  diditional penaltities, interest, and costs that may scorue.  The payment of this mest, and costs that may scorue.  The payment of this mest, and costs that may scorue.  The payment of the scories of the scorue and rights to the scorue.  The payment of the scories of the scorue and rights to the scorue.  The payment of the scories of the scorue and rights to the scories of the scorue and the cast of the scorue and the scorue and the cast of the scorue and the cast of the scorue and the	sidt no ,	<u></u>		OBE, MD	MITJA8 ;	s bengis l	prepared and	his notice was
PRLITIMORE, MD  Sproylded by sections 6321, 6322, and 6323 of the internal Revenue  ode, we are giving a notice that taxes (including interest and penalities)  see been assessed against the following-named taxper. We have made see seed against the following-named taxper. We have made see seed against the following-named taxper. We have made see seed against the following to this taxpayer for the amount of these taxes, and demand of the United States on all property and rights to a fine that the following to this taxpayer for the amount of these taxes, and demand to the action of these taxes, and costs that may accrue.  Taxpayer Roual Machine Mach	62°7266 \$	lstoT		_	COUNTY	<b>BUNE</b> 3	опееи	lace of Filing
PRLITIMORE, MD  Sproylded by sections 6321, 6322, and 6323 of the internal Revenue  ode, we are giving a notice that taxes (including interest and penalities)  see been assessed against the following-named taxper. We have made see seed against the following-named taxper. We have made see seed against the following-named taxper. We have made see seed against the following to this taxpayer for the amount of these taxes, and demand of the United States on all property and rights to a fine that the following to this taxpayer for the amount of these taxes, and demand to the action of these taxes, and costs that may accrue.  Taxpayer Roual Machine Mach		gen e					·	
PRLITIMORE, MD  Sproylded by sections 6321, 6322, and 6323 of the internal Revenue  ode, we are giving a notice that taxes (including interest and penalities)  see been assessed against the following-named taxper. We have made see seed against the following-named taxper. We have made see seed against the following-named taxper. We have made see seed against the following to this taxpayer for the amount of these taxes, and demand of the United States on all property and rights to a fine that the following to this taxpayer for the amount of these taxes, and demand to the action of these taxes, and costs that may accrue.  Taxpayer Roual Machine Mach					100			
PRLITIMORE, MD  Sproylded by sections 6321, 6322, and 6323 of the internal Revenue  ode, we are giving a notice that taxes (including interest and penalities)  see been assessed against the following-named taxper. We have made see seed against the following-named taxper. We have made see seed against the following-named taxper. We have made see seed against the following to this taxpayer for the amount of these taxes, and demand of the United States on all property and rights to a fine that the following to this taxpayer for the amount of these taxes, and demand to the action of these taxes, and costs that may accrue.  Taxpayer Roual Machine Mach			,					
PALTIMORE, MD  Sproylded by sections 6321, 6322, and 6323 of the internal Revenue ode, we are giving a notice that taxes (including interest and penalities)  ode are giving a notice that taxes (including interest and penalities)  operaty belonging to this lability, but it remains unpaid. Therefore, and rights to penalities, interest, and costs that may accrue.  The of Taxpayer Round of the amount of these taxes, and rights to the amount of these taxes, and rights to the amount of these taxes, and rights to the area that are the area to the	64.1769	₽Ø	/61/1Ø	26/02/21	6106-Zt	,-122 122	06/12/21 06/12/21	 ១ <del>៤</del> ១፻
BALTIMORE, MD  STANDAGED by sections 6321, 6322, and 6323 of the internal Mevenue  sprovided by sections 6321, 6322, and 6323 of the internal Mevenue  demand for payment of this taxpayer for the amount of these taxes, and demand for payment of this taxpayer for the amount of these taxes, and defining penalties, interest, and costs that may accrue.  The of Taxpayer Rouald m Brown  Sidence RD 3 BOX 79  CENTREVILLE, MD 21617-9723  MPORTANT RELEASE INFORMATION: For each assessment listed below, the date given in column (e), this notice shall, and the date given in column (e), this notice shall, and the date given in column (e), this notice shall, and the date given in column (e) this notice shall, and the date given in column (e) this notice shall, and the date given in column (e) this notice shall, and the date given in column (e) this notice shall, and the date given in column (e) this notice shall, and the date given in column (e) this notice shall, and the date given in column (e) this notice shall, and the date given in column (e) this notice shall, and the date operate as a certificate of telease as defined as defined as a certificate of telease as defined as a certificate as a certificate of telease as defined as a certificate as a certificate of telease as defined as a certificate as a certific		ioi y Gr	ijiijaA	inameseseA		ilyilinəbl	Ended	Kind of Tax (a)
SPAD7433  SPLTIMORE, MD  SPLTIMORE,	***	·	ice shall,	ton sidt≒(e) nmı	ogiven in colu	by the dat	owing such da	unless notice c
BALTIMORE, MD 5223 of the Internal Revenue	<b>~</b>			Σ	ZZ6-ZŢ <b>Ś</b> TZ			
BALTIMORE, MD 5223 of the Internal Revenue	COURT				,	и вкоми	et RoNALD	gedxsT to ems
	RECEIVED CLERK, CIRCUIT 94, APR 22 PM QUEEN ANNE'S	Code, we are giving a notice that taxes (including interest and penalties) have been assessed against the following-named taxpayer. We have made a demand for payment of this liability, but it remains unpaid. Therefore, there is a lien in tayor of the United States on all property and rights to property belonging to this taxpayer for the amount of these taxes, and additional penalties, interest, and costs that may accrue.						
trict Serial Number For Optional Use by Recording Office			ΣΣ		_	aı	4 ,3AOMIT,	
Reil XBT IRTABAT YO SOIYOK (Eeer redoiso.	eoliiO gnibroseA yd esU Isno		<u></u>		<del></del>	<u> </u>	<del></del>	istrict

Department of the Treasury - Internal Revenue Service

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COURT RECOVUING IMPORNATION.

JUCC No. Serial Mou

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1040 12/31/19/0 221/42-9019 72/20/1998 01/19/2004

CALRY FIUDGIO BUT HO MARIO SCEEN ANNE S COUNTY : CENTREVILLE - MD SIST

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Form 668(Z)

Department of the Treasury - Internal Revenue Service

(Rev.8-97)		Certificate	of Release	of Fede	ral Ta	x Lien		
District	<del> </del>	Serial Nun	nber		For l	Jse by Reco	ding Office	-
DELAWARE-	-MARYLAND		529407433	İ				
of the Internal I additions. There additions has t internal revenue	Revenue Code have fore, the lien property of the lien property of the lien was filed authorized to response	I taxpayer, under the reas satisfied the taxes rovided by Code section of the proper officer in the don Appendix to should be a satisfied on Appendix to should be a satisfied on Appendix to should be a satisfied on Appendix to satisfied and Appendix to	equirements of sectilisted below and a tion 6321 for these the office where the ril 22	taxes and e notice of		OUEEN ANNE'S COUNTY	CLERK, CIRCUIT	
Name of Taxpaye						E'S C	ELA KELA	<i> </i>
	- RONALD	M BROWN		,		00 ا ا∓	ED C	
Residence		E, MD 21617-9				TI II	TAUDO	
Liber Page	UCC No. S	CORDING INFOR Gerial No.	MATION:					
Kind of Tax (a)		Identifying Number (c)	Date of Assessment (d)	Last Day Refillr			d Balance of sessment (f)	
	12/31/1990 ******	221-42-9019 ******	12/20/1993	01/19/2		***	9971.79 ******	***
						·		j
							·	
Place of Filing	QUEEN	OF THE CIRCU ANNE'S COUNT EVILLE, MD 21	Υ		Total	\$	9971.79	
This notice was	prepared and s	igned atBa1	timore, MD				, on this,	
the <u>27£h</u> day	of Novemb	er, <u>199</u> 8						
Signature	alle		Title Ch i	ef, SFf		·		

CUEEN ANDIES COUNTY, DV.

HOLD BOOK FOR QUBEN LINES A TOWN TO AN ECEIVED FOR 154 AT 12/03/0

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Lien # 2103

Form 668 (Y) (Rev. October 1993)

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Department of the Treasury - Internal Revenue Service

Notice of Federal Tax Lien

As provided by sections 6321, 6322, and 6323 of the internal Revenue Code, we are giving a notice that taxes (including interest and penalties) have been essessed against the following-named taxpayer. We have made a demand for payment of this liability, but it remains unpaid. Therefore, there is a lien in favor of the United States on all property and rights to property belonging to this taxpayer for the amount of these taxes, and additional penalties, interest, and coats that may accrus.  Name of Taxpayer MAX J DECD & ELIZABETH L WASSERMAN  ELIZABETH L WASSERMAN  Residence 206 k IDWELL AVE CENTREVILLE, MD 21617-1112  IMPORTANT RELEASE INFORMATION: For each assessment listed below, unless notice of lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a).  Tax Period Identifying Number Assessment Last Day for Unpaid Balance of Assessment (a) (b) Identifying Number (c) (d) Refliction (f) 9476.08	District		Serial Num	ber		For Optio	nal Use by Recording Office
Code, we are giving a notice that taxes (including interest and penalties) have been assessed against the following-named taxpayer. We have made a demand for payment of this liability, but it remains unpaid. Therefore, there is a lien in favor of the United States on all property and rights to property belonging to this taxpayer for the amount of these taxes, and additional penalties, interest, and costs that may accrus.  Name of Taxpayer MAX J DECD & ELIZABETH L WASSERMAN  ELIZABETH L WASSERMAN  Residence 206 k IDWELL AVE CENTREVILLE, MD 21617-1112  IMPORTANT RELEASE INFORMATION: For each assessment listed below, unless notice of lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of rejease as defined in IRC 6325(a).  Kind of Tax (a)  Tax Period Ended (b)  Identifying Number Assessment Refilling of Assessment (d)  1040  12/31/88  579-48-8652  12/02/91  01/01/02  9476.08	Ве	ALTIMORE, M	10	5294074	179		
Tax Period Identifying Number Assessment Refiling (b)  Elizabeth L wasserman  Entry   Code, we are have been as a demand for there is a lier property belo	egiving a notices sessed against r payment of ti n in favor of th enging to this	e that taxes (including the following-named t his liability, but it rem to United States on all taxpayer for the amot	i interest and p axpayer. We ha ains unpaid. T I property and unt of these ta	enalties) ive made herefore, rights to		CLERK, CIRCUIT  94 APR 22 PI  00EEN ANNE'S	
IMPORTANT RELEASE INFORMATION: For each assessment listed below, unless notice of lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a).    Tax Period   Identifying Number   Date of   Last Day for   Unpaid Balance of Assessment   Refiling   Of Assessment   (a)   (b)   (c)   (d)   (e)   (f)   (	Name of Taxpa			H L WASSER	MAN	<del>-</del> • • -	CGUR?
unless notice of lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a).    Tax Perlod   Identifying Number   Date of   Last Day for   Column (a)   Column (b)   Column (c)   Column (d)   Column (d)   Column (e)   Column (d)   Column (d)				12			- <b>→</b>
Kind of Tax         Ended (b)         Identifying Number (c)         Assessment (d)         Refiling (θ)         of Assessment (f)           1Ø4Ø         12/31/88         579-48-8652         12/Ø2/91         Ø1/Ø1/Ø2         9476.Ø8	unless notice on the day fo	e of lien is refiled ollowing such da	by the date given in col	lumn (e), this no	tice shall,		
		Ended	· , · ,	Assessment	Refili	ng i	of Assessment
	1040	12/31/88	579-48-8652	12/02/91	Ø1/Ø1/	ø2 📐	9476.08
			, iii				
	.	<i>(</i> )			·		
					,		
Place of Filing  CLERK OF THE CIRCUIT COURT  QUEEN ANNE'S COUNTY  CENTREVILLE, MD 21617	Place of Filing	CLERK QUEEN	ANNE'S COUNTY			Total	\$ 9476.08
This notice was prepared and signed at, on this	This notice wa	is prepared and	d signed atBALTII	MORE, MD		· · ·	, on this,
the	theda	y ofApri	11 , 19 <u>94</u> .				
Signature for ACS Title MANAGER 52-Ø1-6999	-	L. Hown	und Act	li .			

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THERES COUNTY SON

Lien # 2104

Form 668 (Y)

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# Department of the Treasury - Internal Revenue Service

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		Serial Num	ber	i		For Opti	ional Use by Recording Offic	сө
ALTIMORE, M	1D		. ;	52 <b>9</b> 4Ø7	579		•	
giving a notice seessed against responding to this malties, interest,	e that tax the follov his liabilit ne United taxpayer , and cost	es (including ving-named t y, but it ren States on al for the amo s that may a	j inter laxpay nains : li prop unt of	est and prof. We have he would be had been been been been been been been bee	penalties) ave made Therefore, rights to		RECEIVED CLERK, CIRCUIT 94 APR 22 PHI	
ayer Mary R	GIBBON	S 					000RT 2: 03	
• • • • • • • • • • • • • • • • • • • •	•	21666-2	Ž51				ه همیشند. این از در دون به در این	
of lien is refiled ollowing such da a).	by the da	te given in co	lumn ( ate of	e), this no release a	otice shall, as defined	ne lar	Immela Rolanao	
Ended (b)	ldentifyl	ng Number (c)			Refill	ng	of Assessment	
Ø9/3Ø/88	219-	26-1302	11/	19/9Ø	12/19/	'ØØ	17374.20	
							ر الحام مي	
			- ~					
QUEEN	ANNE'S	COUNTY		RT		Total	\$ 17374.20	
s prepared and	d signed a	atBALTI	MORE	, MD			, on th	his,
y ofApri	i <u>1</u> , 19	<del>94</del>						
0 11	12		T .	_				_
	by sections 6: glving a notic sessed against r payment of the nation of the r payment of th	giving a notice that tax is essed against the follow response to this liability in in favor of the United anging to this taxpayer naities, interest, and cost ayer MARY R GIBBON  725 KIMBERLY WAY STEVENSVILLE, MD  726 RELEASE INFORMATICE of lien is refiled by the date ollowing such date, operate a).  727 Period Ended Identify!  728 (b)  729/30/88 219-  CLERK OF THE QUEEN ANNE'S CENTREVILLE,	CLERK OF THE CIRCUIT QUEEN ANNE'S COUNTY CENTREVILLE, MD 2166-1302 (B)	by sections 6321, 6322, and 6323 of the giving a notice that taxes (including Interseased against the following-named taxpayor payment of this illability, but it remains in flavor of the United States on all proposing to this taxpayor for the amount of natities, interest, and costs that may accrue. The agency of the interest of the date given in column (of the interest) is refiled by the in	by sections 6321, 6322, and 6323 of the Internal giving a notice that taxes (including interest and passed against the following-mamed taxpayer. We have payment of this liability, but it remains unpaid. In in favor of the United States on all property and onging to this taxpayer for the amount of these tracking to this taxpayer for the amount of these tracking in the following such as a cost that may accrue.  225 KIMBERLY WAY BTEVENSVILLE, MD 21666-2251  RELEASE INFORMATION: For each assessment list of lien is refiled by the date given in column (e), this no collowing such date, operate as a certificate of release a).  Tax Period Edentifying Number (c) Assessment (d) (d)  297/30/88 219-26-1302 11/19/90  CLERK OF THE CIRCUIT COURT QUEEN ANNE'S COUNTY CENTREVILLE, MD 21617  Is prepared and signed at BALTIMORE, MD 4 April 19 94  y of April 19 94	by sections 6321, 6322, and 6323 of the internal Revenue giving a notice that taxes (including interest and penalties) sessed against the following-named taxpayer. We have made repayment of this liability, but it remains unpaid. Therefore, in in favor of the United States on all property and rights to origing to this taxpayer for the amount of these taxes, and natities, interest, and costs that may accrue.  Ager MARY R GIBBONS  RELEASE INFORMATION: For each assessment listed below, of lien is reflied by the date given in column (e), this notice shall, ollowing such date, operate as a certificate of release as defined a).  Tax Period Ended Identifying Number Assessment Refill (b) (c) (d) (e)  @973@/BB 219-26-13@2 11/19/9@ 12/19/  CLERK OF THE CIRCUIT COURT QUEEN ANNE'S COUNTY CENTREVILLE, MD 21617  Is prepared and signed at BALTIMORE, MD  greater and signed at BALTIMORE, MD  April 19 94	by sections 6321, 6322, and 6323 of the internal Revenue giving a notice that taxes (including interest and penalties) assessed against the following-named taxpayer. We have made represent of this liability, but it remains unpaid. Therefore, in in favor of the United States on all property and rights to origing to this taxpayer for the amount of these taxes, and natities, interest, and coats that may accrue.  225 KIMBERLY WAY STEVENSVILLE. MD 21666-2251  RELEASE INFORMATION: For each assessment listed below, of lien is refiled by the date given in column (e), this notice shall, ollowing such date, operate as a certificate of release as defined a).  Tax Period Identifying Number Assessment Refilling (e)  @9/3@/88 219-26-13@2 11/19/9@ 12/19/@@  CLERK OF THE CIRCUIT COURT Refilling (e)  @9/3@/88 219-26-13@2 11/19/9@ 12/19/@@  CLERK OF THE CIRCUIT COURT Total  Sprepared and signed at BALTIMORE, MD  BALTIMORE, MD  BALTIMORE, MD  April 19 94	by sections 6321, 6322, and 6323 of the internal Revenue giving a notice that taxes (including internal Revenue seesed eighant the following-named taxpayer. We have made repayment of this liability, but it remains unpeld. Therefore, in in tever of the United States on all property and rights to particle taxpayer for the amount of these taxes, and natities, interest, and costs that may scorue.  225 KIMBERLY WAY STEVENSVILLE, MD 21666-2251  RELEASE INFORMATION: For each assessment listed below, of lien is reflied by the date given in column (e), this notice shall, allowing such date, operate as a certificate of release as defined a).  Tax Parlad Edentifying Number Assessment (e) (e) United States of Assessment (f) (e) United States of Assessment (f) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f

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Lien # 2105

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Form 668 (Y)

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### Department of the Treasury - Internal Revenue Service

Rev. October 1993)		MOVI	Motice of Federal Tax			
District		Serial Numi	ber		For Optio	nal Use by Recording Office
BA	ALTIMORE, N	10	5294077	77Ø		
Code, we are have been as: a demand for there is a lier property belo	giving a notice sessed against payment of the In favor of the onging to this	321, 6322, and 6323 of that taxes (including the following-named this liability, but it remuse United States on all taxpayer for the amous and costs that may ac	) interest and p axpayer. We ha ains unpaid. Ti i property and i unt of these tax	enalties) ve made nerefore, rights to		CLERK, CI 94 APR 2
Name of Taxpa	THOMAS O BOX 209	W % JULIA P SC	HUYLER SR	1 g 4 -		RECEIVED CLERK, CIRCUIT COURT 94 APR 28 AM 10: 57 OUEEN ANNE'S COUNTY
Г	SUDLERSVILL	_E, MD 21668-0	209	40248.		URT 57
unless notice	of lien is refiled bllowing such da	ORMATION: For each by the date given in column te, operate as a certific	lumn (e), this not	ice shall, s defined		
Kind of Tax (a)	Tax Period Ended (b)	identifying Number (c)	Date of Assessment (d)	Last Day ERefilin (e)		Unpaid Balance of Assessment (f)
1Ø4Ø 1Ø4Ø	12/31/91 12/31/92	217-30-7669 217-30-7669	Ø5/25/92 Ø5/31/93	06/24/ 06/30/		1351.60 4238.53
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	·		j ,			
Place of Filing	·					
· 	QUEEN	OF THE CIRCUIT ANNE'S COUNTY EVILLE, MD 21	COURT 617		Total ————	\$ 5590.13
This notice wa	s prepared and	d signed at <u>BALTI</u>	MORE, MD	· .		, on this,
the <u>220</u> &a	y of <u>Apr</u>	<u>il</u> , 19 <u>94</u> .				
Signature <b>C</b>	& Sound	us).	Title		ANAGE	 R 6999

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Form 668 (Z)

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Department of the Treasury - Internal Revenue Service

## Certificate of Release of Federal Tax Lien

(Rev. 10-2000)		——————	icicase of 1	ederar rax er	
Area:	ESS/SELF EMPLO		rial Number	For U	se by Recording Office
	e: (410) 962-18		52940777	0	
of the Internal additions. The additions has internal revenu	Revenue Code has erefore, the lien probeen released. The lien tax lien was filed, is authorized to no	expayer, under the requisatisfied the taxes listoided by Code sections proper officer in the on April of the books to show	ted below and all st 6321 for these tax office where the no 28	atutory es and tice of	RECEIVED CLERK. CIRCUIT COURT OO NOV 27 PM 1: 59
Name of Taxpa	ayer THOMAS W	& JULIA P SC	HUYLER SR		CEIVED COURCUIT COU
Residence	PO BOX 2 SUDLERSV	09 ILLE, MD 2166	8-0209 -		COURT <b>1: 59</b> COUNTY
Liber Pag	ge UCC No.	RECORDING INF Serial No. 2105	ORMATION:		
Kind of Tax	Tax Period Ending <i>(b)</i>	Identifying Number	Date of Assessment (d)	Last Day for Refiling <i>(e)</i>	Unpaid Balance of Assessment (f)
1040 1040 *****	12/31/1991 12/31/1992 ******	217-30-7669 217-30-7669 ******	05/31/1993	06/24/2002 06/30/2003 ******	1351.60 4238.53 ******
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					· .
,		·			
Place of Filing	QUEEN	OF THE CIRCU ANNE'S COUNT EVILLE, MD 21	Y	Total	\$ 5590.13
This notice wa	es prepared and sig	gned atB	altimore, MD	·	, on this,
the 20tl	h day of Nove	mber , 2000.			
Signature	~//_			oliance Tech ager	nical Support

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Lien # 2106

FOR . 115554

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기년도 - 기원의 5년 - 오루-소속 - 소중화도

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Form 668 (Y) (Rev. October 1993)

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#### Department of the Treasury - Internal Revenue Service

Motice of Federal Tax Lien

District		Serial	Serial Number			For Optional Use by Recording Office		
B	ALTIMORE, I	<b>ч</b> р	529407	7774				
As provided Code, we are have been as a demand for there is a lieu property belo additional per	by sections 6: giving a noticesessed againstored payment of the payment of the paying to this	321, 6322, and 63 e that taxes (inclute the following-name is liability, but it it is United States of taxpayer for the pand costs that me	323 of the Internal uding interest and med taxpayer. We have taxpayer. We have temains unpaid. To all property and amount of these to	Revenue penalties) ave made Therefore, I rights to		RECEIVEI CLERK, CIRCUIT 94 APR 28 AH QUEEN ANNE'S		
Residence ,	<del></del>	<del></del>				AHI		
г	RT 3Ø4 RT : CENTREVILLI		7–97ø5	S. A. A.		VED COURT NIT COURT AH IO: <b>57</b>		
unless notice	of lien is refiled ollowing such da	by the date given	each assessment lis in column (e), this no ertificate of release	otice shall,		77 TR		
Kind of Tax (a)	Tax Period Ended (b)	ldentifying Num (c)	Date of Assessment (d):	Last Da Refilio (e)		Unpaid Balance of Assessment (f)		
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				-				
						· .		
	· •							
Place of Filing		OF THE CIRC ANNE'S COUN EVILLE, MD			Total	\$ 14211.99		
This notice wa	s prepared and	d signed atBA	ALTIMORE, MD			, on this,		
the <u>22</u> ⊓ <b>ਢੀ</b> a	y of Apr	<u>11</u> , 19 <u>94</u> .						
Signature	L. Hours	und	Title		1ANAGE 12-Ø1-			

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## Form 668 (Z)

(Rev. 10-2000)

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Department of the Treasury - Internal Revenue Service

## Certificate of Release of Federal Tax Lien

Area:			Serial	Number		For Us	se by Recording Office
Lien Unit Phor	TESS/SELF EMPLO ne:(410) 962-18	YED AREA #4		52940777	4		
I certify that the of the Internal additions. The additions has internal revenue 1994 these taxes a Name of Taxp GARRY PEP	ne following-named to leave the lieure code has erefore, the lieure probeen released. The ue tax lieure was filed, is authorized to not additions.  ayer PER  304 RT 3 BONTREVILLE, M	axpayer, under the satisfied the taxe vided by Code se proper officer in a con April on April on X 18	es listed ction 63 the off il 28 show the	nents of section 6 below and all st 321 for these tax ice where the no e release of this	325 (a) atutory es and otice of		CLERK. CIRCUIT COURT  01 NOV -5 PM 4: 05  QUEEN ANNE'S COUNTY
Liber Pa 1 12	ge UCC No. 4 n/a	Serial No 2106	•				
Kind of Tax	Tax Period Ending (b)	Identifying Nur	nber	Date of Assessment (d)	Re	Day for efiling (0)	Unpaid Balance of Assessment (f)
1040 1040 1040 1040 *****	12/31/1989 12/31/1990 12/31/1991 12/31/1992 ******	220-90-493 220-90-493 220-90-493	32 0 32 0 32 0	9/06/1993 9/06/1993 8/16/1993 *******	10/0 09/1 09/1	6/2003 6/2003 5/2003 ******	5449.56 2725.33 5019.76 1017.34 ********
Place of Filing	QUEEN	OF THE CIP ANNE'S COU EVILLE, MD	YTML			Total	\$ 14211.99
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Signature (	De 7. A	helto	<u> </u>	Title Comp Mana		e Techn	ical Support

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Form 668 (Y) (Rev. October 1993)

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Department of the Treasury - Internal Revenue Service

Motice of Federal Tax Lian

For Optional Use by Recording Office Serial Number District BALTIMORE, MD 529407912 As provided by sections 6321, 6322, and 6323 of the Internal Revenue Code, we are giving a notice that taxes (including interest and penalties) have been assessed against the following-named taxpayer. We have made a demand for payment of this liability, but it remains unpaid. Therefore, there is a lien in favor of the United States on all property and rights to QUEEN ANNE'S COUNT property belonging to this taxpayer for the amount of these taxes, and additional penalties, interest, and costs that may accrue. Name of Taxpayer ASHE & SONS INC , a CORPORATION Residence RT 1 BOX 1290 CHURCH HILL MD 21623-9607 IMPORTANT RELEASE INFORMATION: For each assessment listed below. unless notice of lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a). Tax Period Last Day for Unpaid Balance Date of Kind of Tax Ended Identifying Number Assessment Refiling of Assessment (a) (b) (d) (e) (f)(c) 7072.02 Ø2/21/94 Ø3/23/Ø4 52-1399Ø36<sub>/</sub> 941 Ø6/3Ø/91 8246.05 02/14/94 Ø3/16/Ø4 09/30/91 52-1399036 941 6765.55 52-1399Ø3& 02/21/94 Ø3/23/Ø4 941 12/31/91 Ø3/16/Ø4 4342.16 52-1399Ø36 02/14/94 03/31/92 941 Ø2/14/94 03/16/04 6389.11 941 06/30/92 52-1399Ø36 Ø3/16/Ø4 5685.16 52-1399Ø36 02/14/94 941 09/30/92 940 12/31/92 52-1399036 Ø2/21/94 Ø3/23/Ø4 166.62 Place of Filing CLERK OF THE CIRCUIT COURT Total 38666.67 QUEEN ANNE'S COUNTY CENTREVILLE, MD . 21617 This notice was prepared and signed at \_\_\_BALTIMORE, MD\_ April \_ . 19 \_ 94. the <u>22n</u> day of \_\_\_\_ Title Signature MANAGER 52-01-6999 ACS

**United States** 

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<u>s</u>		and proper entry made in	Book No		
Filed Tiled	-	and Dro			~

Clerk (or Registrar).		

Form 668(Z) (Rev. 4-84)

Form 668(Z)

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Department of the Treasury - Internal Revenue Service

(Rev. April 1984)

**Certificate of Release of Federal Tax Lien** 

District	Serial Number	For Optional Use by Recording Office
BALTIMORE, MD	529407912	
l certify that as to the following-named tax (a) of the Internal Revenue Code have beefor all statutory additions. Therefore, the these taxes and additions has been releas the notice of internal revenue tax lien was 19XX is authorized to note the books taxes and additions.	n satisfied for the taxes listed below and lien provided by Code section 6321 for ed. The proper officer in the office where silled on	CLERK, CIRCUIT 94 MAY -6 AM QUEEN ANNE'S C
Name of Taxpayer ASHE & SONS IN	C , a CORPORATION	VED UIT COURT AM IO: 24 'S COUNTY
Residence RT 1 BOX 129C CHURCH HILL, MD	21623-9607	) COURT <b>IO: 2</b> \;

Kind of Tax	Tax Period Ended	Identifying Number	Date of Assessment	Last Day for Refiling	Unpaid Balance of Assessment	•
(a)	(b)	(c)	(d)	(8)	<i>(</i> )	_
941	06/30/91	52~1399036	02/21/94	03/23/04	7072.02	(
941	09/30/91	52-1399036	02/14/94	03/16/04		
941	12/31/91	52-1399036	02/21/94	03/23/04		
941	03/31/92	52-1399036	02/14/94	03/16/04		(
941	06/30/92		02/14/94	03/16/04		
941	09/30/92		02/14/94	03/16/04		
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Place of Filing

⇒ U.S. GOVERNMENT PRINTING OFFICE:

CLERK OF THE CIRCUIT COURT QUEEN ANNE'S COUNTY CENTREVILLE, MD 21617

Total

38666.67

This certificate was prepared and signed at	BALTIMORE,	MD	, on this,

the 0	3rd day of Ma	<u>ay</u> , 19	94
-	19	$\sim 1$	يسر

Signature Fourard

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Chief, SPf

(NOTE: / Certificate of officer authorized by law to take acknowledgements is not essential to the validity of Certificate of Release of Federal Tax Lien Rev. Rul. 71-466, 1971-2 C.B. 409)

, J. L.

3108 TSP1 Poge 124

DAY OF MUNISPY AT // SPA FIGURD BOOK FOX OUBEN ARREST ECEIVED FOR RECORD THIS MARGUERITE O. MANKIN PULEN ANNE'S COUNTY, CL MAKYLAND. AND RECORDED IN HEREBY CERTIFYING \$55 YES 460 FEE 460 EST \$50 EST

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Form 668 (Y)

Department of the Treasury - Internal Revenue Service

Motice of Federal Tax Lien (Rev. October 1993) For Optional Use by Recording Office District Serial Number BALTIMORE, MD 5294Ø8117 As provided by sections 6321, 6322, and 6323 of the Internal Revenue QUEEN ANNE'S COUNT' Code, we are giving a notice that taxes (including interest and penalties) have been assessed against the following-named taxpayer. We have made a demand for payment of this liability, but it remains unpaid. Therefore, there is a lien in favor of the United States on all property and rights to property belonging to this taxpayer for the amount of these taxes, and additional penalties, interest, and costs that may accrue. Name of Taxpayer MICHAEL NEWMAN Residence 105 STANFORD RD CENTREVILLE, MD 21617-9804 IMPORTANT RELEASE INFORMATION: For each assessment listed below. unless notice of lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a). Tax Period Date of Last Day for Unpaid Balance Kind of Tax Ended Identifying Number Assessment Refiling of Assessment (a) (b) (c) (d) (e) (f) ด์3/Ø9/Ø4 8747.74 1040 12/31/87 220-B0-4069 02/07/94 1040 12/31/88 220-80-4069 02/07/94 03/09/04 848Ø.48 03/16/04 7323.96 1040 12/31/89 220-80-4069 Ø2/14/94 4487.76 02/14/94 Ø3/16/Ø4 1040 12/31/91 220-80-4069 Place of Filing CLERK OF THE CIRCUIT COURT Total 29240.14 QUEEN ANNE'S COUNTY CENTREVILLE, MD 21617 BALTIMORE, MD This notice was prepared and signed at \_ 26thay of \_\_ April Title Signature MANAGER 52-01-6999 ACS

WARCHERITE G. MANKIN, CLERK

Lien # 2109

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#### ABSTRACT OF JUDGMENT

#### NOTICE

Pursuant to Title 28, United States Code, Section 3201, this judgment, upon the filing of this abstract in the manner in which a otice of tex sien would be filed under paragraphs (1) and (2) of 26 U.S.C. §6323(f), creates a sien on all real property of the defendant(s) and has priority over all other liens or encumbrances which are perfected later in time. The sien created by this section is effective, unless satisfied, for a period of 20 years and may be renewed by filing a notice of renewal. If such notice of renewal is filed before the expiration of the 20 year period to prevent the expiration of the sien and the court approves the renewal, the sien shall relate back to the date the judgment is filed.

Names and Addresses of Parties against whom judgments have been obtained  CHARLES H. KROLL P. O. BOX 576 STEVENSVILLE, MARYLAND 21666		Names of Parties in who	Names of Parties in whose favor judgments have been obtained			
		United States of America  Plaintiff  APR V 4 1994				
		Charles H. Krol	Committee of the control of the cont			
Amount of Judgment	Names of	Creditors' Attorneys	Docketed			
\$5,000.00 (no interest)		Maryland s Courthouse	JFM-93-0184			
UNITED STATES OF AMERICA,	CLERK	S OFFICE U.S.	DISTRICT COURT FOR THE			
I CERTIFY, That the	foregoing is a corre	ct Abstract of the Jodgment	Catered or registered by this Cou			
COURT 3: 51 OUNTY	Date, [C	(   .   10				
RECEIVED ERK, CIRCUIT CO MAY -2 PH 3: EN ANNE'S COUP	Ву	Karen a. S	Maye Deputy Clerk.			

CLERK, CIRCUIT COURT

99 MAR 29 IN THE UNITED STATES DISTRICT COURTS OF MARYLAND IS THE DISTRICT OF MARYLAND

JUEEN ANNE'S COUNTY

United States of America

Plaintiff,

1 144111111

V.

1999 FEB 10 P 4: 19

CLERK'S OFFICE AT BALTIMORE

COURT NO. JFM-93-0184 DEPUTY

Charles H. Kroll,

Defendant.

-000

#### **CANCELLATION OF JUDGMENT**

The restitution in the above-entitled case has expired and actions will be taken to convert this case to a civil judgment. The Clerk of the United States Court for the District of Maryland is hereby authorized and empowered to cancel said judgment of record. Charles M. Kroll is hearby released from any lien created by the Abstract of Judgment recorded May 3, 1994, reference number Book TSP1, Page 124, #2109 in the Circuit Court for Queen Anne's County.

Respectfully submitted,

Lynne A. Battaglia
United States Attorney

RECORDING FEE

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Yamera L. Fine

Assistant U.S. Attorney

6625 United States Courthouse

101 West Lombard Street

Baltimore, Maryland 21201-2692

(410)209-4800

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Trial Bar No. 024751

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# CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 1/2 day of 1/2 day of 1999, a copy of the
Cancellation of Judgment was sent, first class mail, postage prepaid, to Charles H. Kroll, 210 Will
Smith Road, Barclay, Maryland 21607, defendant and Charity Allison Kroll, 621 Kimberly Way,
Stevensville, Maryland 21666.

Tamera L. Fine
Assistant United States Attorney

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## RECEIVED CLERK, CIRCUIT COURT

99 MAR 29 PM 4: 05

United States Attorney District of Maryland Northern Division

JUEEN ANNE'S COUNTY

Lynne A. Battaglia United States Attorney

Caroline Guth Financial Litigation Unit 6625 United States Courthouse 101 West Lombard Street Baltimore, Maryland 21201-2692 410-209-4800 TTY/TDD:410-962-4462 410-209-4809 FAX 410-962-9947

March 26, 1999

Clerk of the Court Circuit Court for Queen Anne's County Courthouse Centreville, Maryland 21617

Re: United States v. Charles H. Kroll
Court No. JFM-93-0184

Your reference no. Book TSP 1 Page 124 #2109

Dear Clerk:

Enclosed please find a copy of the Cancellation of Judgment which was obtained in the United States District Court for the District of Maryland regarding the above-reference defendant. Please record the Order in the proper records of your court so that it may serve to release the lien previously recorded against any property owned by the defendant in your jurisdiction.

Also enclosed is a check in the amount of \$3.00 to cover the recordation fee. Thank you for your assistance and cooperation.

Very truly yours,

Lynne A. Battaglia United States Attorney

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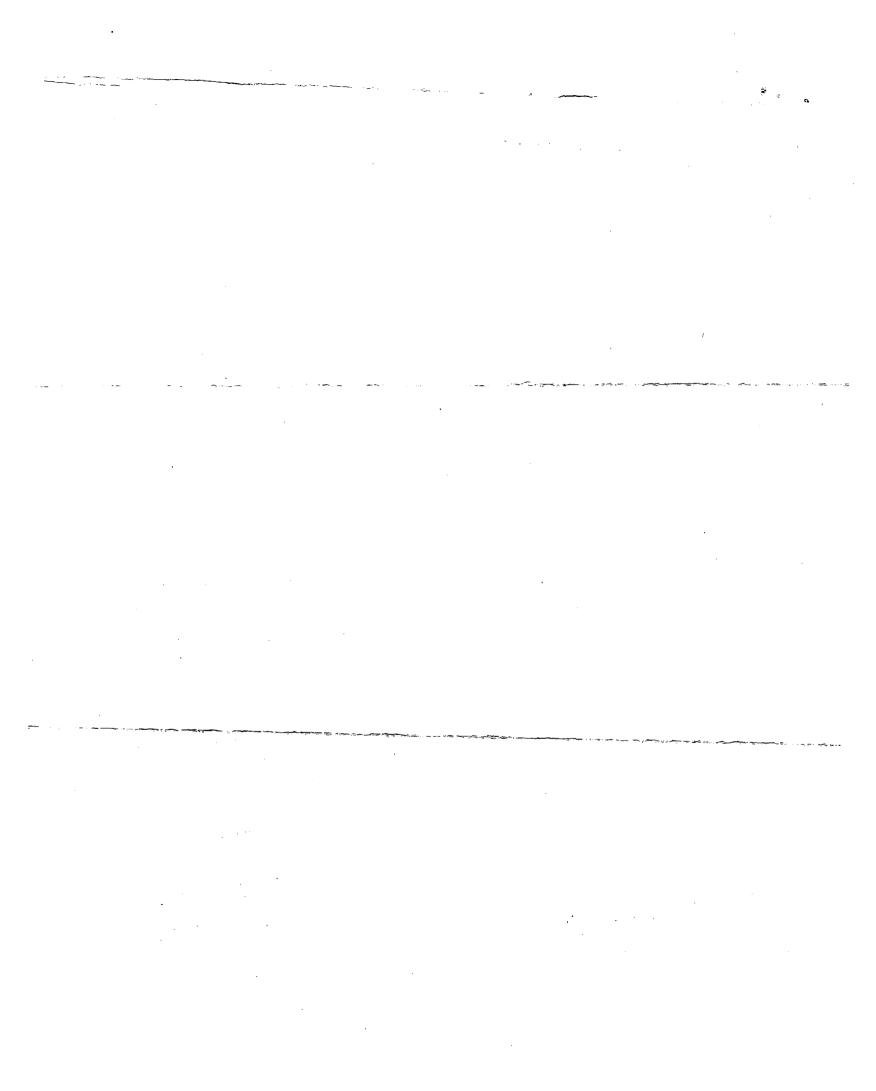
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Caroline Guth

Financial Litigation Unit

cc w/o encl: Charity Allison Kroll

Enclosure



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Form 668 (Y)

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Department of the Treasury - Internal Revenue Service

(Rev. October 1993)	i	Hotice of Federal Tax Li					ien		
District	<del>- · · · -</del>	Serial Number				For Optional Use by Recording Office			
BALTIMORE, MD				529408382					
Code, we are have been as a demand for there is a lie property below additional per	giving a notic sessed against r payment of ti n in favor of th	e that taxon the following liability is united taxpayer faxpayer f	es (including ving-named to y, but it ren States on all for the amo s that may ac		penalties) ave made herefore, rights to		OUEEN ANNE'S COUNTY	RECEIVED	
	154 GREENWO QUEENSTOWN						ANII: 37		
unless notice	of lien is refiled allowing such da	by the dat	e given in co	assessment listo lumn (e), this no cate of release a	tice shall,				
Kind of Tax (a)	Tax Period Ended (b)		ng Number (c)	Date of Assessment (d)	Refili	Last Day for Refiling (e)		Balance essment (f)	
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lace of Filing	QUEEN		CIRCUIT COUNTY MD 21	COURT	· ·	Total	\$ 1179	øø.24 	
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Signature	L. Hoans		AC	Title S		MANAGEI 52-Ø1-		·	

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Form 668 (Z) (Rev. 5-94) 0

#### Department of the Treasury - Internal Revenue Service

### Certificate of Release of Federal Tax Lien

(NOV. 5-54)				UI I UU	Jiui iu	A LIOII
District		Serial Numb	er		For U	Jse by Recording Office
I	DELAWARE/MA	RYLAND	529408	8382		
of the internal all statutory actained and add notice of intern	Revenue Code had iditions. Therefor itions has been a lie revenue tax lie a authorized to m	name taxpayer, the requirate been satisfied for the se, the ilen provided by Caleased. The proper officen was filed on	taxes listed belo ode section 6321 cer in the office May 05	ow and for for these where the		RECEIVED CLERK, CIRCUIT COURT 96 JUN 25 AM 9: 37 QUEEN ANNE'S COUNTY
Name of Tanpa	<sup>yer</sup> CRAIG M	& JEAN B DEANS				VED JIT COURT AH 9: 37
Residence	154 GREENW QUEENSTOWN	JOOD CREEK RD J. MD 21658				RI TA
COURT REC	CORDING INF	ORMATION:				
Liber n/a	Page n/a	UCC No. n/a	Serial No 2110	o. _		
Kind of Tax (a)	Tax Period Ended (b)	ldentifylng Number (c)	Date of Assessment (d)	Last D Refii (e,	ling	Unpaid Balance of Assessment (f)
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Place of Filing	CLERI QUEEI	OF THE CIRCUI N ANNE'S COUNTY REVILLE, MD 2	T COURT		Total	\$ 11700.24
This notice was	prepared and s	gned atBALT	IMORE, MD			, on this,
the 10th day	ol	, 19 <u></u> .	•			
Signature	Ma	·	Title	Chief	, SPf	

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Form 668 (Y)

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### Department of the Treasury - Internal Revenue Service

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istrict		Serial Numb	oer .		For Optio	For Optional Use by Recording	
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property belongin additional penaltic ame of Taxpayer esidence F.O.	g to this taxpay ps, interest, and t LEE ANNE M BOX #1174	r of the United States on all property and rights to this taxpayer for the amount of these taxes, and terest, and costs that may accrue.  E ANNE M. EDWARDS  OX #1174  A PARK, MD 21146		CLERK, CIRCUIT COURT 94 MAY -6 AM 10: 23 90 MAY -6 AM 10: 23			
IMPORTANT REL unless notice of lic on the day followi in IRC 6325(a).	EASE INFORMA en is refiled by the ing such date, op	TION: For each a date given in col	umn (e), this not	ice shall, s defined	y 1or	Uni	Dalid Balance Assessment
(a)	(b)	(c)	(d)	(9)			<i>(f)</i> 5279.69
01040 12	2/31/92 2	18-36-4732	Ø2/Ø7/94+	Ø3/Ø9/			327,107
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lace of Filing		THE CIRCUIT E'S COUNTY LE, MD 21	COURT 617		Total	\$	5279.69
his notice was proneØ4t bay of			MORE, MD				, on this
Signature for 0.	HOSACONE		Title		REVENU 52-Ø1-		CER

A TOTAL TOTAL ACTION 
,\$1500年1月1日 - 11月 - 11月 - 124

Form 668 (Z)

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Department of the Treesury - Internal Revenue Service

Certificate of Release of Federal Tay Lien

		•			0		-A
District	-	_	Serlel Numb	er	<u> </u>	For	Use by Recording Office
	BALTIMORE,	MD		5294Ø8	357Ø		
of the internel ell statutory ac texes end edd notice of intern	s to the following- Revenue Code had to the following the following the following the following the following the following to the following t	eve been so e, the lien releesed. T en wes filed	etisfied for the provided by C he proper offi on	e texes listed belo code section 6321 cer in the office May Ø6	ow end for for these where the		ONEL OH O
	yer LEE ANNE	M. ED	WARDS				RECEIV NH 30 NH ANNE
Residence	P.O. BOX # SEVERNA PA		21146				RECEIVED COURT ON JUN 30 KH 10: 59 ON JUN 30 KH 10: 59
COURT REC Liber 1	CORDING INF Page 124	UC		. Serial No 2111	o.		·
Kind of Tax (a)	Tax Period Ended (b)		ng Number (c)	Date of Assessment (d)	Last Da Refiii (e)		Unpaid Belence of Assessment (f)
1040	12/31/92 ******		-36-4732 ******	Ø2/Ø7/94 *******	Ø3/Ø9/ *******		5279.69 *********
				·			
Place of Filing	QUEEN		E CIRCUIT B COUNTY , MD 21	•		Total	\$ 5279.69
This notice was	prepared and si	gned at _	BALTI	(MORE, MD			, on this,
the 13th day	of June	, 19 <u>4</u>					
Signature	Honou !			Title	Chief,	SPf	

(NOTE: Sertificate of officer authorized by law to take acknowledgments is not essential to the validity of Certificate of Release of Federal Tax lien Rev. Rul. 71-466, 1971-2 C.B. 409)

I HEREBY CERTIFY TIM-COUEEN ANNE'S COUNTY, SS

RECORDED IN CLICK 134 RECORDED IN CLICK 15 1 FOI CUEEN ANNES REGLIVED FOR RECORD THIS OF DAST OF (124) 19 94. AT 10.24

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Form 668 (Y)

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#### Department of the Treasury - Internal Revenue Service

(Rev. October 1993)		Jok	ebet to edi	ral lax l	lien		
District		Serial Nun	nber		For Option	onal Use by Recording	g Office
Ė	ALTIMORE, I	מא	5294Ø8	425			:
As provided Code, we are have been as a demand for there is a lieu property belo	by sections 6: giving a notice sessed against r payment of ti n in favor of the enging to this	321, 6322, and 6323 a that taxes (including the following-named his liability, but it release to the amount of the amount and costs that may a	ig interest and p taxpayer. We ha mains unpaid. T all property and bunt of these ta	enalties) ve made herefore, rights to		CLERK, CIRCUIT COURT  94 MAY -6 AN IO: 24  QUEEN ANNE'S COUNTY	•
		RITE M BATZER				MI 10: 21 SE'S COUNTY E'S COUNTY	IVFN
	BOX 234 BE	NNETT POINT RD , MD 21601-02				AL SE	· / #
unless notice	of lien is refiled allowing such da	ORMATION: For each by the date given is cute, operate as a certification.	olumn (e), this no	tice shall, 📙			•
Kind of Tax (a)	Tax Period Ended (b)	Identifying Number	Date of Assessment (d)	Last Da Refilir (e)		Unpaid Balai of Assessm (f)	
6672 6672	06/30/88 09/30/88	216-Ø7-29 <b>6</b> Ø		Ø8/15/ Ø8/22/		29695.6 5959.9	
	, .						
		w s					
Place of Filing		ANNE'S COUNTY			Total	\$ 35655.5	58 <b>•</b>
	s prepared and	d signed at BALT	IMORE, MD			· · · · · · · · · · · · · · · · · · ·	on this,
Signature	L: AIVERA	id	Title		REVENU 52-Ø1-	E OFFICER 1525	`

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United States

/S.

# Release of Tax Lien

Filed this	<u> </u>	day	y of
	, 19		М.,
and proper entry made	e in		
Book N	0	, page	
		· .	
<del></del>		Clark for Pagistr	ar)

Form 668(Z) (Rev. 4-84)

Dopartment of the Tressury - Internal Revenue Service

(Rev. April 1984)

# Cartificate of Release of Federal Tax Lien

District DE/M	D	Serial Number	· -		For Optional Use by Recording Office
·			529408425	5	,
(a) of the Intern- for all statutory these taxes and the potice of int	al Revenue Code additions. There additions has be ernal revenue tax horized to note ti ons.	named taxpayer, the requested for the lien provided to the lien provided the released. The proper the lien was filed on May he books to show the respective M. Batze	the taxes listed be by Code section ( officer in the offic 6 lease of this lien f	blow and 6321 for se where	RECEIVED CLERK, CIRCUIT COURT 96 MAY -9 AM 9: 07 OUEEN ANNE'S COUNTY
Residence	·				7
		234 Bennett Poin enstown, Maryland		4	
<del></del>	Tan Porica		Date of	Last Day fo	or Unpaid Balance
Mind of Tox (a)	Endod (b)	ldondifying Number (c)	Assessment (d)	Refiling	of Assessment
1-7		13/			
6672	06/30/88	216-07-2960	07/16/90	08/15/00	29695.64
6672	09/30/88	216-07-2960	07/23/90	08/22/00	5959.94
	·				RECORDING FEE GLAD TUTAL SLAD Nest DAWI NOFR & 28240 DA JOS DIK & 1826 May 89, 1936 82463 84
Place of Filing	Queen Anne'	ne Circuit Court s County e, Maryland 2161	7	Total	\$ 35655.58
This cortificate wa	as propared and s	eigned atSalis	bury, Maryla	nd	, on this,
the 2nd day	of <u>May</u> .	19 96			
Signature	Du-	Stephen Doherty	<b>Title</b> Reven	ue Officer	·

(NOTE: Certificate of officer authorized by law to take acknowledgements is not essential to the validity of Certificate of Release of Federal Tax Lien Rev. Rul. 71-466, 1971-2 C.8. 409)

el een anne's county, est. I hereby certify mead

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Lien # 2113

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#### Department of the Treasury - Internal Revenue Service

<b>Form 668 (</b> Y) (Rev. October 1993)	<b>'</b> 1	·	-	of the Treasury - I ICC Of Fede			71C9
District	<del></del>		Serial Num	nber		For Option	onal Use by Recording Office
	ALTIMORE,			5294ØB			
Code, we are have been as a demand for there is a lie property belo	e giving a notice sessed against r payment of the n in favor of the	e that tax the follow his lizbillt ne United taxpayer	es (including ving-named y, but it ren States on a for the amo	of the Internal g Interest and p taxpayer. We ha nains unpaid. Ti II property and unt of these ta	enalties) ve made rerefore, rights to		CLERK. 94 MAY
Name of Taxpa	ayer a B MA Mack Gla		, a CORF PHOLSTERY				RECEIVED CLERK, CIRCUI 94 MAY 12 AH OUEEN ANNE'S C
	22Ø SHOPPI STEVENSVIL		FER RD 21666-4	1Ø46			CLERK, CIRCUIT COURT  94 MAY 12 AN 10: 44  QUEEN ANNE'S COUNTY
unless notice	e of lien is refiled ollowing such da	by the da	te given in co	assessment liste lumn (e), this no cate of release a	ice shall,		
Kind of Tax (a)	Tax Period Ended (b)	ldentifyi	ng Number (c)	Date of Assessment (d)	Last Da Refili (e)	ng	Unpaid Balance of Assessment (f)
941 941 941	Ø3/31/93 Ø6/3Ø/93 Ø9/3Ø/93	52-	-1779499 -1779499 -1779499	07/19/93 09/20/93 01/03/94	Ø8/18 10/20 Ø2/02	/Ø3	616.11 4974.30 2008.26
				(1.00 kg) (1.00			
		·	. <del>.</del>		· <del>··</del>		
Place of Filing	CLERK QUEEN		E CIRCUIT B COUNTY , MD 21			Total	\$ 7598.67
This notice ₩a	is prepared and						, on this,
the <u>Ø6</u> t da	y of <u>May</u>	, 19	<u>94</u> .				
Signature for	L. Hourn	and .	A	Title		MANAGE 52-Ø1-	

80.2501 30.2502 18.1502

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HEREBY CERTIFY THAN

LINFR TS P 12 106
RECURD ROOF FOR CONSEN ANNUES MA 11 1 OF MEN 19 74, AT 10,45 FILLS HOED FOR RECORD THESE ..

Lien # 2114

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State :

Form 668 (Y)
(Rev. October 1993)

District

#### 220.

### Department of the Treasury - Internal Revenue Service

Notice of Federal Tax Lien

Serial Number

For Optional Use by Recording Office

•	As provided Code, we are have been as a demand for there is a lie property below	e giving a notice sessed against responding the payment of the infavor of the paging to this naities, interest	321, 6322, and 6323 of that taxes (including the following-named this liability, but it remove United States on all taxpayer for the amount and costs that may account the costs that the costs that may account the costs that may account the costs that the cos	j interest and plantage. We have and plantage in the property and unt of these ta	Revenue benalties) ave made herefore, rights to	QUEEN ANNE'S COUNTY	RECEIV CLERK, CIRCU 94 MAY 12
		MICHAE	L L. PLUMBTREE			.s col	AM IO
		204 LONG C STEVENSVIL	REEK DRIVE LE, MD <sub>.</sub> 21666			YTY	court lo 45
	🖟 unless notice	of lien is refiled ollowing such da	ORMATION: For each by the date given in co te, operate as a certific	lumn (e), this no	tice shall.		
1	Kind of Tax (a)	Tax Period Ended (b)	ldentifying Number	Date of Assessment (d)	Last Day fo Refiling (e)		d Balance sessment (f)
	1040 1040 1040	12/31/90 12/31/91 12/31/92		11/29/93 12/27/93 Ø9/27/93	12/29/03 01/26/04 10/27/03	4 3	162.53 822.55 9Ø1.81
							· · · · · ·
1							
	Place of Filing	QUEEN	OF THE CIRCUIT ANNE'S COUNTY EVILLE, MD 21	COURT	Tr	otal \$ 291	886.89
1	This notice ₩a	s prepared and	signed at <u>BALTI</u>	MORE, MD	**************************************		, on this,
1	the <u>Ø6t</u> da	y of <u>May</u>	, 19 <u> <del>9</del></u> 4.		•		
	Signature for	L. House	AC AC	Title S		F.CONTACT A0 -Ø1-Ø491	
1	(NOTE: Certif Rev. Rul. 715	icate of officer auth 466, 1971 - 2 C.B.		viedgments is not e			eral Tax llen ( <b>Y)</b> (Rev. 10-93)

DELAWARE-MARYLAKD

529408732

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MICHAEL L. PLUMBIREE

204 LONG CREEK DRIVE MD .21666 STEVENSVILLE,

COURT RECORDING INFORMATION:

Page

Serial No.

12/29/03

CLERK OF THE CIRCUIT COURT QUEER ANNE'S COUNTY CENTREVILLE, MD 21617

29886,89

Baltimore, MD

ae i September

10th

1040

Chief, SPf

Form 568 (Z)<sup>228</sup>

Department of the Treasury - Internal Revenue Service

### Certificate of Release of Federal Tax Lien

(1194. 2-0-4)		weitiii sate	yi McIcasc	OI 1 GUG	iai i	AY FIGH
District		Serial Numb	er		For	Use by Recording Office
DELAWARE-M			29408732			
of the internal all statutory ad taxes and addi notice of intern	Revenue Code h iditions. Therefor itions has been i al revenue tax lic n authorized to n	name taxpayer, the requisive been satisfied for the re, the lien provided by Creleased. The proper office was filed onMay1 to the books to show the cote the	taxes listed belo tode section 6321 cer in the office 2	ow and for for these where the		RECEIVED CLERK, CIRCUIT COURT 96 SEP 23 AM 10: 58 OUEEN ANNE'S COUNTY
Name of Taxpa		L. PLUMBTREE				RECEIVED (, CIRCUIT COUR P 23 AM 10: 58
	204 LONG CR Stevensvill		6			13000.
COURT RECO Liber 1	ORDING INFO Page 12	UCC No.	Serial A	lo. 2114		
Kind of Tax (a)	Tax Period Ended (b)	ldentifylng Number (c)	Date of Assessment (d)	Last Da Refili (e)		Unpaid Balance of Assessment (f)
1040 1040 1040 8888888	12/31/90 12/31/91 12/31/92	556-72-1309 556-72-1309 556-72-1309	11/29/93 12/27/93 09/27/93	12/29/ 01/26/ 10/27/	/04 /03	20162.53 3822.55 5901.81
			·	·		
					·	
Place of Filing	QUEEN	OF THE CIRCUIT ANNE'S COUNTY VILLE, MD 216			Total	\$ 29886.89
This notice was	prepared and si	gned atBaltio	iore, MD			, on this,
the 10th day	of Septemb	er <sub>, 19</sub> 96				
Signature	Miss.	:	Title	Chief, S	6Pf	

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_	<del>-</del>	A 3 D A N A I		əlîiT				ignature
					. <del></del>	-61, —	YEM	o tep Tethosy of
'§	sidt no , —————			<u>а</u> м , эя	BALTIMO	ts bengis	epared and	his notice was pr
_	\$2.1242 <b>\$</b>	- IsioT			CIRCUIT C COUNTY MD 2161	OF THE VILLE,	GUEEN	lace of Filing
			;	,		-		
			i					
	25.12 <b>4</b> 2	ΣØ	/ tø/Z t	Σ6/1Ø/I	7998Z-9	95- <b>9</b> 22	Z6/1Σ/3	ZI   Ø <b>+</b> ØI
_	Unpaid Balance to the sessement (i)		1261 (9) (9)	io aleQ inamesase (b)		gniyiinəbi )	beliod x babri3 (d)	
	court 9: 56 county		ice shall, 📙	ton sidt ,(e) nr	given in colun	S GM ,	REVILLE LEASE INFO en is refiled i	
	WED WIT AN			·	AL NOS		CHARLES	ime of Taxpayer
	RECEI CLERK, CIRC 94 MAY 19 QUEEN ANN		ebem ev epem ev enotere, ot etdet	nerest and persensive have have have have fill bladed in the contraction of the contracti	ni gnibuloni) 1xsì bamen-go 1iemar II Jud q lie no eate Inuome ant	eaxes tent The tollowin Pulide il si The batton The batton The saxes	soiton s gn tisnisgs be intito tnemy tint to tovst tislot of go	e provided by significations of the second o
			91	25840AS	erial Number		MORE, MI	strict BALTI
_	al Use by Recording Office							

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REPARTMENT OF RELETION

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Form 668(Z) (Rev.8-97)

Department of the Treasury - Internal Revenue Service

Cortificate of Dologop of Endoral Tay Lion

- ,		Certificate	e of Helease	or reaer	al la	IX LIEN	
District		Serial Num	nber	-	For	Usa by Recording	Office
I certify that the of the internal additions has internal reven 1994, these taxes at Name of Taxpa	al Revenue Code herefore, the lien possible been released. The lack tax lien was filed is authorized to read additions.	I taxpayer, under the reas satisfied the taxes rovided by Code section of the proper officer in the don Mainte the books to show S C MILLESON	tilsted below and a tion 6321 for these the office where the y 19 ow the release of t	all statutory taxes and e notice of		38 DEC 21 PH 2: 12	RECEIVED CLERK, CIRCUIT COURT
Residence iber Fage	COURT RE	3 L E, MD 21617-9 CORDING INFOR erial No. 115				PM <b>2: 12</b> 'S COUNTY	ED COURT
		Identifying Number	Date of Assessment (d)	Last Day Refilin		Unpaid Ba Assess (f)	ment
1040 *****	12/31/1992 *******	226-56-2856 ******	11/01/1993	12/01/2		1	21.55
	QUEEN	OF THE CIRCU ANNE'S COUNT EVILLE, MD 21	Υ	· 	Total	<b>\$</b> 54	21.55
the <u>11th</u> d	s prepared and s		timore, MD			, on	this,
Signature	alle		Title Ch i	ef, SPf			

QUEEN ANNE'S COUNTY, SEL



Form 668 (Y) (Rev. October 1993)

425

### Department of the Treasury - Internal Revenue Service

Notice of Federal Tax Lien

District	,	Serial Num	ber		For Option	onal Use by Recording Office
BA	ALTIMORE, 1	MD	5294Ø9	598		
As provided Code, we are have been as a demand fo there is a lie property belo additional per	by sections 6: giving a noticesessed against repayment of the payment of the paym	321, 6322, and 6323 of that taxes (including the following-named of the fability, but it remains the same and costs that may act, and costs that may act.	of the Internal g interest and p taxpayer. We he nains unpaid. T II property and unt of these ta	Revenue penalties) ave made herefore, rights to axes, and		RECEIVED COURT CLERK, CIRCUIT COURT 94 MAY 25 AN IO: O4
Name of Taxpa	ayer CAPTAII	N ELLIOTTS SEAF	OOD INC ,	a CORPOR	SATION	70:01 10:01 10:01
	625 BAYSID STEVENSVILI		733			
unless notice	of lien is refiled ollowing such da	ORMATION: For each by the date given in coate, operate as a certific	lumn (e), this no	tice shall,		
Kind of Tax (a)	Tax Period Ended (b)	identifying Number	Date of Assessment (d)	Last Da Rofiii (e)		Unpaid Balance of Assessment (f)
94ø 94ø	12/31/91 12/31/93	N .	Ø4/18/94 Ø5/Ø9/94	Ø5/18/ Ø6/Ø8/		2768.61 2943.85
				,		
						S 4, - ·
Place of Filing	QUEEN	OF THE CIRCUIT ANNE'S COUNTY EVILLE, MD 21	COURT		Total	\$ 5712.46
his notice wa	s prepared and	d signed at <u>BALTI</u>	MORE, MD			, on this
he <u>20t</u> hda	y of May	, 19 <u>94</u> .				
Signature for	S. DUMHE	MA	Title		REVENUI 52-Ø1-	E OFFICER 1520
(NOTE: Certi	ficate of officer auth	horized by law to take acknow	wledgments is not e	ssential to the	validity of	Notice of Federal Tax lien

Rev. Rul. 71-466, 1971 - 2 C.B. 409)

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Lien # 2117

Form 668 (Y)

424

### Department of the Treasury - Internal Revenue Service

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				71041 1104124 23	
istrict		Serial Num	ber	<u></u>	For Optional Use by Recording Office
ВА	ALTIMORE, N	1D	529409	626	_
As provided Code, we are have been as a demand for there is a lief property belo additional per	RECEIVED COURT CLERK, CIRCUIT COURT 94 MAY 25 AM 10: 04				
ame of Taxpa	TUCK DAVI	F DAVIDSON IDSON			URT OL, UNTY
	CHURCH HILL	ROLLIN FARM LN			e e e
unless notice	of lien is refiled ollowing such da	ORMATION: For each by the date given in coute, operate as a certific	lumn (e), this no	tice shall,	
Kind of Tax (a)	Tax Period Ended (b)	identifying Number (c)	Date of Assessment (d)	Last Day Refiling (e)	for Unpaid Balance of Assessment
941 941 720 720 720	09/30/93 12/31/93 06/30/93 09/30/93 12/31/93	52-0701800 52-0701800	11/29/93 Ø3/21/94 11/15/93 12/13/93 Ø3/14/94	12/29/0 04/20/0 12/15/0 01/12/0 04/13/0	16541.67 1565.77 14 139.74
and of Eiling					
ace of Filing	CLERK QUEEN	OF THE CIRCUIT ANNE'S COUNTY EVILLE, MD 21	COURT		Total \$ 42353.97
		d signed atBALTI	MORE, MD		, on this
	y of May	, 19 <u>94</u> .	T'Me		
Signature for	L. AVER		Title		EVENUE OFFICER 2-01-1525
(NOTE: Certi	ficate of officer auti	horized by law to take ackno	wledgments is not e	essential to the v	alidity of Notice of Federal Tax lien

#### Form 668(Z)

(Rev.8-97)

#### Department of the Treasury - Internal Revenue Service

## Certificate of Release of Federal Tax Lien

District		12		<del></del>	
District		Serial Nur	nber	<del>-</del>	or Use by Recording Office
BALTIMO	BALTIMORE /DELAWARE 529409626				
of the Internadditions. The additions has internal reve	the following-named hal Revenue Code herefore, the lien pas been released. The nue tax lien was filled, is authorized to rand additions.	all statutory taxes and e notice of	CLERK, CIRCU 99 AUG -6 PI		
Name of Taxp	Dayer THOMAS P	DAVIDSON			
	TRUCK DA	VIDSON			
Residence NO	209 WHEELS CHURCH HIL				ED T COURT 4 1: 11
Kind of Tax	Tax Period Ended (b)	Identifying Number	Date of Assessment (d)	Last Day for Refiling (e)	Unpaid Balance of Assessment (f)
941	09-30-93	52-0701800	11-29-93	12-29-03	20635.00
941 <sup>-</sup> 720	12-31-93 06-30-93	52-0701800 52-0701800	03-21-94 11-15-93	04-20-04 12-15-03	16541.67 1505.77
720	09-30-93	52-0701800	12-13-93	01-12-04	139.74
720 *******	12-31-93  ***********	52-0701800	03-14-94	04-13-04	3471.79
lace of Filing	QUEEN A	F THE CIRCUIT CO NN'S COUNTY ILLE MD 21617	OURT	Total	<b>\$</b> 42353.97
his notice wa	as prepared and s	igned at	BALTIM	ORE MARYLAND	, on this,
ne <u>26</u> d	day <b>o</b> f <u>July</u>				
gnature	7 00 00		Title	CHIEF SPB	
IOTE: Certificate of	officer authorized by law to t	ake acknowledgments is not e	ssential to the validity of Ce	rtificate of Release of Fed	leral Tax lien Rev. Rul. 71-466, 1971-2 C.B. 409

lissi iissi iissi ii Lien # 2118

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Form 668 (Y)

424

#### Department of the Treasury - Internal Revenue Service

Maffice of Eederal Tay list

ct Serial Number For Op		Optional Use by Recording Office		
_TIMORE, N	1D	5294Ø9	<sub>528</sub>	
y sections 63 giving a notice essed against payment of the infavor of the ging to this t	321, 6322, and 6323	of the Internal g interest and p taxpayer. We ha mains unpaid. T ill property and punt of these ta	Revenue enalties) ive made herefore, rights to	RECEIVED CLERK, CIRCUIT COURT 94 MAY 25 AH 10: 04 QUEEN AHNE'S COUNT
		NERSHIP	,	VED UIT COURT AH IO: O4
				URT PORT
of lien is refiled	by the date given in co	olumn (e), this no	tice shall, 🕴	
Tax Period Ended (b)	Identifying Number (c)	Date of Assessment (d)	Last Day for Refiling (e)	Unpaid Balance of Assessment (f)
06/30/92 12/31/92 03/31/93 06/30/93 09/30/93 12/31/92 12/31/92	52-1554327 52-1554327 52-1554327 52-1554327 52-1554327 52-1554327 52-1554327	09/07/92 03/15/93 10/18/93 11/01/93 12/13/93 03/22/93 10/11/93	10/07/02 04/14/03 11/17/03 12/01/03 01/12/04 04/21/03 11/10/03	1112.00 6538.02 18835.65 33132.84 2159.45 488.23 300.00
		<u> </u>		
QUEEN	ANNE'S COUNTY		Total	\$ 62566.19
prepared and	d signed atBALT	IMORE, MD		, on this,
of May	, 19 <u>94</u> .			
Signature Title REVENUE OFFICER 52-01-1525				
	y sections 63 giving a notice essed against payment of the important of the important of the important in th	TIMORE, MD  y sections 6321, 6322, and 6323 giving a notice that taxes (including a section of the taxes (including assed against the following-named payment of this liability, but it rer in favor of the United States on a signing to this taxpayer for the amounties, interest, and costs that may a series in the section of the section o	Tax Period Ended (b)  @6/30/92	TIMORE, MD 529407628  by sections 6321, 6322, and 6323 of the internal Revenue glving a notice that taxes (including interest and penalities) essed against the following-named taxpeyer. We have made payment of this liability, but it remains unpatid. Therefore, in favor of the United States on all property and rights to gling to this taxpayer for the amount of these taxes, and stitles, interest, and costs that may approve.  FIL CONCRETE, a PARTNERSHIP STORKE RON GEN PTR  SA2 BAYSIDE DR 4EESTER, MD 21619-2844  RELEASE INFORMATION: For each assessment listed below, of lien is reflied by the date given in column (e), this notice shall, owing such date, operate as a certificate of release as defined in light of light in the property of the state of the light of the l

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Form 668 (Z)

1008

Department of the Treasury - Internal Revenue Service

### Certificate of Release of Federal Tax Lien

(Rev. 10-2000) For Use by Recording Office Area: Serial Number WAGE & INVESTMENT AREA #2 Lien Unit Phone: (410) 962-1871 529409628 I certify that the following-named taxpayer, under the requirements of section 6325 (a) of the Internal Revenue Code has satisfied the taxes listed below and all statutory additions. Therefore, the lien provided by Code section 6321 for these taxes and additions has been released. The proper officer in the office where the notice of May 25 internal revenue tax lien was filed on 1994 , is authorized to note the books to show the release of this lien for these taxes and additions. Name of Taxpayer FHL CONCRETE a Partnership STORKE RON GEN PTR Residence 1642 BAYSIDE DR CHESTER, MD 21619-2844 COURT RECORDING INFORMATION: Liber Page UCC No. Serial No. n/a n/a n/a 2118

Kind of Tax.	Tax Period Ending (b)	Identifying Number	Date of Assessment (d)	Last Day for Refiling (0)	Unpaid Balance of Assessment (f)
1065 940 941 941 941 941	12/31/1992 12/31/1992 06/30/1992 12/31/1992 03/31/1993 06/30/1993	52-1554327 52-1554327 52-1554327 52-1554327 52-1554327	10/11/1993 03/22/1993 09/07/1992 03/15/1993 10/18/1993 11/01/1993 12/13/1993	11/10/2003 -04/21/2003 -10/07/2002 -04/14/2003 -11/17/2003 -12/01/2003 -01/12/2004	300.00 488.23 1112.00 6538.02 18835.65 33132.84 2159.45
					*****
	श्रिक्ष चेत्राच <del>विदेश</del> कार्यक्ष । १९४४ १९४१ - १९४५ व्यक्तिक विदेश १९४१ - १९४४ - १९४४ - १९४४	in season karang British s			
Place of Filing	CLERI QUEEN	OF THE CIRCU N ANNE'S COUNT REVILLE, MD 21	Y	Total	\$ 62566.19

This notice was prepared and sign	ned at Baltimore, MD	, on this,
	· · · · · · · · · · · · · · · · · · ·	, <del>, , , , , , , , , , , , , , , , , , </del>
the 07th day of Decem	nber <u>,</u> 2003	
Signature	Title Compliance Technical Supp	 ort

(NOTE: Certificate of officer authorized by lew to teke ecknowledgments is not essential to the velidity of Certificate of Releese of Federel Tex lien Rev. Rul. 71-466, 1971 - 2 C.B. 409) Form 668 (Z) (Rev. 10-2000) CAT. NO 600261

THURDAY WHILL ANNES COUNTY, SUE



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Form 668 (Y) (Rev. October 1993)

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### Department of the Treasury - Internal Revenue Service

# Notice of Federal Tax Lien

District	<del></del>	Serial Num	ber		For Option	onal Use by Recording Office		
В	ALTIMORE,	MD	529409	541				
As provided Code, we are have been as a demand fo there is a lie property below	by sections 6. giving a notice sessed against of the payment of the in favor of the onging to this naities, interest	321, 6322, and 6323 (se that taxes (Including the following-named this ilability, but it remove United States on all taxpayer for the amous, and costs that may as	of the Internal g interest and p taxpayor. We ha nains unpaid. T il property and unt of these ta	Revenue enalties) eve made herefore, rights to		RECEIVED CLERK, CIRCUIT COURT 91, MAY 25 AM 10: 01, OUEEN ANNE'S COUNT		
	- JOHN W	KEMMED Y				S.3.		
	2219 DAIRY GAMBRILLS,				VED COURT AM IO: OI, E'S COUNTY			
unless notice	e of lien is refiled ollowing such da	ORMATION: For each by the date given in coate, operate as a certific	lumn (e), this no	tice shall, 🖟				
Kind of Tax (a)	Tax Period Ended (b)	identifying Number (c)	Date of Assessment (d)	Last Da Refilli (e)		Unpaid Balance of Assessment (f)		
1040 1040 1040 1040 1040	12/31/88 12/31/89 12/31/90 12/31/91 12/31/92	391-36-0515 391-36-0515 391-36-0515	Ø5/Ø2/94 Ø2/28/94 Ø2/28/94 Ø2/14/94 Ø2/14/94	Ø6/Ø1/ Ø3/3Ø/ Ø3/3Ø/ Ø3/16/	'Ø4 'Ø4 'Ø4	4472.50 2152.75 386.38 6499.97 5856.43		
		<u> </u>						
Place of Filing	CLERK QUEEN	OF THE CIRCUIT ANNE'S COUNTY EVILLE, MD 21	COURT 617	-	Total	\$ 1936B.Ø3		
		d signed at <u>BALTI</u> , 19 <u>94</u> .	MORE, MD			, on this,		
Signature	L. Hours	unda .	Title		REVENUE 52-Ø1-:	E OFFICER 2431		
	ficate of officer aut	horized by law to take ackno	wledgments is not e	ssential to the	validity of	Notice of Federal Tax lien		

ELIVED FOR RECORD THIS M. C. HEREBY CERTIFY TURAL WALLES COUNTY, SCA. Lien # 2120

Form 668 (Y)

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#### Department of the Treasury - Internal Revenue Service

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Rev. October 1993)		MON	ICE OY FEUR				
District	trict Serial Number For Op		For Option	For Optional Use by Recording Office			
БА	LTIMORE, N	10	5294097	775	8		
Code, we are have been as: a demand for there is a lier property belo	giving a notic sessed against payment of the In favor of the nging to this	e that taxes (includin the following-named his liability, but it rer ne United States on a	, and 6323 of the Internal Revenue les (including interest and penalties) wing-named taxpayer. We have made by, but it remains unpaid. Therefore, States on all property and rights to for the amount of these taxes, and is that may accrue.			RECEIVED CLERK, CIRCUIT COURT 94 HAY 27 AH II: 00 OUEEN ANNE'S COUNTY	
	yer RAYMONI	0 & MONICA MAKA	ROVICH			71140 00 :	
		NG OAKS DR E, MD 21108-2	421				
unless notice	of lien is refiled llowing such da	ORMATION: For each by the date given in cotte, operate as a certification.	olumn (e), this no	tice shall,			
Kind of Tex (a)	Tax Period Ended (b)	identifying Number	Date of Assessment (d)	Last Da Roffii (e)	ก์ฮู	Unpaid Balance of Assessment (f)	
1040	12/31/92	212-40-4855	11/22/93	12/22/	<b>'</b> Øउ	5Ø745.Ø1	
				<b>_</b>			
Place of Filing	QUEEN	OF THE CIRCUIT ANNE'S COUNTY EVILLE, MD 21	COURT		Total	\$ 50745.01	
		d signed atBALT1	MORE, MD			, on this	
	of May	, 19 <u></u> 94 .	Tal.			- <del></del>	
Signature for	J Marke	unch	Title		CHIEF, 52-01-6	S.F.B. 5901	

2) (1000 1336) 11933 (100 301

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Form 668 (Z)

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Department of the Treasury - Internal Revenue Service

(Rev. 5-94)		Certificate	of Release	of Fede	ral Ta	ax Lien
District		Serial Numb	per		For	Use by Recording Office
of the internal all statutory ed taxes and add notice of internal 19 94, is in these taxes and	Revenue Code had to the code had the code had been a code to make the code had the	name taxpayer, the requience been satisfied for the re, the lien provided by Creleased. The proper office was filed on the books to show	e taxes listed belo code section 6321 icer in the office May 27 the release of th	on 6325 (a) ow and for d for these where the	-	RECEIVED COURT CLERK, CIRCUIT COURT 94 NOV 23 AM 10: 46
Name of laxpa	yar RAYMOND	& MONICA MAKARO	VICH			VED COURT AM 10: 46
	1094 RUSTL MILLERSVIL ORDING INF Page 126		:421 Serial No 2120			ALA Per SEL
Kind of Tax (a)	Tax Perlod Ended (b)	Identifying Number (c)	Date of Assessment (d)	Last Da Refili (e)		Unpaid Balance of Assessment (f)
	12/31/92 *******		11/22/93 ******	12/22/ *******		50745.01
Place of Filling	QUEEN	OF THE CIRCUIT ANNE'S COUNTY EVILLE, MD 21			Totai	\$ 50745.01
This notice was the <u>15th</u> day		gned at	MORE, MN			, on this,
Signature	a Ba		Title	Chief.	SP4	

(NOTE: Certificate of officer authorized by law to take acknowledgments is not essential to the validity of Certificate of Release of Federal Tax lien Rev. Rul. 71-466, 1971-2 C.B. 409)

CHIS. LECEIVED FOR RECORD THIS Z



QUEEN ANNE'S COUNTY, SOA

Lien # 2121

Form 668 (Y) (Rev. October 1993)

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Department of the Treasury - Internal Revenue Service

Notice of Federal Tax Lien

District		Serial	Number		For Opti	onal Use by Recording Office
В	ALTIMORE, 1	TI.	5294	Ø9827		
Code, we are have been as a demand fe there is a lie property being	e giving a notice seesed against or payment of the infavor of the conging to this conging to this	e that taxes (Inc the following-na his liability, but I ne United States	323 of the Internuding interest an med taxpayer. We it remains unpaid on all proporty a amount of these hay accrue.	d penalties) have made Therefore, nd rights to		RECEIVED COURT COURT OF HAY 31 AMII: 19
Name of Taxpa	ayer HAROLD	J & PHYLLIS	E KURTZ JR	-	}	ME'S (
	BELLE POINT QUEENSTOWN:					VED COURT AMIL: 19
unless notice	e of lien is refiled ollowing such da	by the date given	each assessment in column (e), this certificate of releas	notice shall,		
Kind of Tax (a)	Tax Period Ended (b)	identifying Nun	Date of Assessment (d)	Last Dant Refil!	lng	Unpaid Balance of Assessment (f)
1040	12/31/90	214-42-70	109 09/23/9	1 10/23/	/Ø1	11211.08
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				'		
Place of Filing	CLERK QUEEN	OF THE CIRC ANNE'S COUN		. —	Total	\$ 11211.08
This notice wa	as prepared and	d signed atBA	ALTIMORE, MD			, on this
he25t h	y ofMay	, 19 <u>94</u>				
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RECEIVED FOR RECORD THE 645 QUEEN ANNES COUNTY, EL.

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Form 668 (Y)

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#### Department of the Treasury - Internal Revenue Service

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(Rev. October 1993)				For Or	ntional Use by Recording Office
District		Serial Num			
	ALTIMORE,		529419		
Code, we are have been as a demand for there is a lies property below	giving a notic sessed against payment of the In favor of the onging to this	321, 6322, and 6323 of that taxes (including the following-named this liability, but it remove United States on all taxpayer for the amous, and costs that may ac	n interest and paxpayer. We have axpayer. We have axpaids. The property and until of these ta	penalties) ave made herefore, rights to	RECEIVED CLERK, CIRCUIT COURT 94 JUN-6 PM 1: 23 OUEEN ARNE'S COURTY
Name of Taxpa	ayer ALL SH	IP SHAPE INC ,	a CORPORAT	ION	E'S COUR
	PO BOX 511 CHESTER, M		, ,		COURT 1: 23
unless notice	of lien is refiled bllowing such da a).	ORMATION: For each by the date given in colte, operate as a certific	lumn (e), this no ate of release a	tice shall,	
Kind of Tax (a)	Tax Period Ended (b)	ldentifying Number (c)	Date of Assessment (d)	Last Day for Refiling (e)	Unpaid Balance of Assessment (f)
941 941 94Ø	Ø3/31/91 12/31/93 12/31/93	52-1668905	02/01/93 03/14/94 03/28/94	Ø3/Ø3/Ø3 Ø4/13/Ø4 Ø4/27/Ø4	720.91 3289.79 234.33
Place of Filing	QUEEN	OF THE CIRCUIT ANNE'S COUNTY EVILLE, MD 21	COURT 617	Tota	\$ 4245.Ø3
This notice was	s prepared and	signed at <u>BALTI</u>	MORE, MD		, on this,
he <u> </u>	of Jun	<u>e</u> ,19 <u>94</u> .			
Signature	- 17 ·	##	Title	<del></del>	

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Form 668 (Y)

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#### Department of the Treasury - Internal Revenue Service

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B/	ALTIMORE,	MD	529410	0293			
Code, we are have been as: a demand for there is a lier property belo	giving a notice sessed against payment of the infavor of the ingling to this	321, 6322, and 6323 of that taxes (including the following-named the following substitution of the following the substitution of the following and costs that may act	g interest and plaxpayer. We have a sins unpaid. The property and unt of these ta	penalties) ave made Therefore, rights to		CLERK CIRCUIT COURT OLERN ANNE'S COUNTY ONEEN ANNE'S COUNTY	
ame of Taxpa	yer BUTTER a CORPOR	WORTH MANAGEMEN ATION	IT CORPORAT	TION		MINE'S	
esidence i		RECEIVED COURT NIO AMII: 53					
unless notice	of lien is refiled illowing such da a).	ORMATION: For each by the date given in cote, operate as a certific	lumn (e), this no	otice shall, 📙			
Kind of Tax (a)	Tax Period Ended (b)	identifying Number (C)	Date of Assessment (d)	Last Day Refilin		Unpaid Balance of Assessment (f)	
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						·	
lace of Filing	QUEEN	OF THE CIRCUIT ANNE'S COUNTY EVILLE, MD 21	COURT	·	Total	\$ 5849.45	
his notice was	s prepared and	signed atBALTI	MORE, MD			, on this	
eØ3r day	ofJune	<del>2</del> , 19 <u></u>					
uay	The state of the state of	The Ass					

#### U.S. Department of Justice



United States Attorney
District of Maryland

Lynne A. Battaglia
United States Attorney

820 United States Courthouse 101 West Lombard Street Baltimore, MD 21201-2692 410-962-4822

FTS 410-962-4822

Donna Sanger Assistant United States Attorney

# NOTICE OF LIEN FOR FINE IMPOSED PURSUANT TO THE SENTENCING REFORM ACT OF 1984

United States Attorneys Office for the District of Maryland

Serial Number

Notice is hereby given of a lien against the property of the defendant named below. Pursuant to Title 18, United States Code, Section 3613(a), a fine imposed pursuant to the provisions of subchapter C of chapter 227 is a lien in favor of the United States upon all property belonging to the person fined. Pursuant to §3613(d) a notice of lien shall be considered a notice of lien for taxes for the purposes of any State or local law providing for the filing of a tax lien. The lien arises at the time of the entry of judgment and continues until the liability is satisfied, remitted, or set aside, or until it becomes unenforceable pursuant to §3613(b).

Name of Defendant

William Price, Jr.

Residence

Route 1, Box 30

Church Hill, Maryland 21623

Amount of Fine

\$1,000.00

Court Imposing Judgment District of Maryland

Court Number JFM-93-0230

Date of Judgment November 2, 1993

Date of Entry of the Judgment November 3, 1993

Rate of Interest When Payment is Deferred by Court 0
If payment becomes past due, penalties totaling up to 25 percent of the principal amount past due may arise. 18 U.S.C. §3612(g).

RECEIVED CLERK, CIRCUIT COURT

94 JUN 13 PH 3: 05

DUEEN ANNE'S COUNTY

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IMPORTANT RELEASE INFORMATION-With respect to the lien listed above, this notice shall operate as a certificate of release pursuant to 18 U.S.C. §3613(b) on November 2, 2013.

Place of Filing: Circuit Court for Queen Anne's County
This notice was prepared and signed at the United States Attorneys
Office, 101 W. Lombard Street, Room 820, Baltimore, MD 21201 on
this, the day of 1994.

Lynne A. Battaglia United States Attorney

By:

Donna C. Sanger

Assistant United States Attorney

CHARLE OF MARY BUYER QUEEN ANNE'S COUNTY, SEE

HEREBY CERTIFY THAT

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#### CERTIFICATE OF SERVICE

It is HEREBY certified that on this \_\_\_\_ day of June,
1996, a copy of the foregoing Order of Satisfaction was mailed to:

Mr. William W. Price, Jr. 520 John Powell Road Church Hill, MD 21623

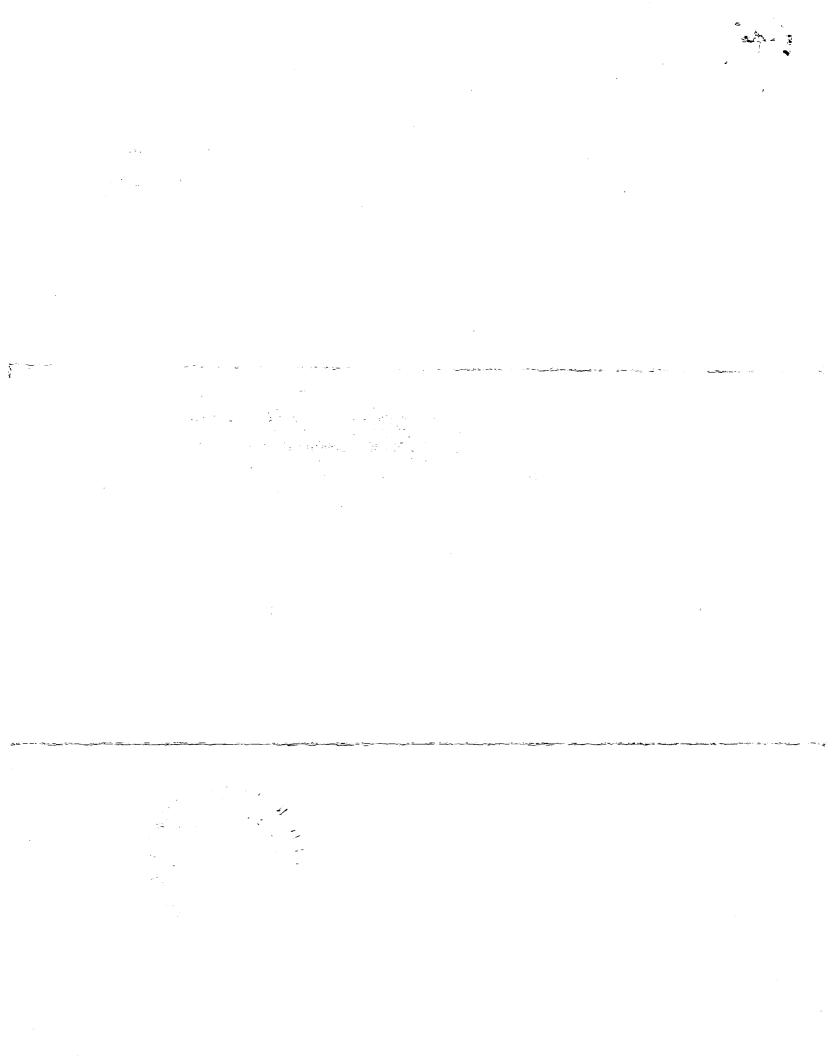
Donna C. Sanger

Assistant U.S. Attorney

604 U.S. Courthouse 101 W. Lombard Street Baltimore, Maryland 21201

410-962-4822

Trial Bar No. 01247



DML 9300097/04 \_\_\_\_FART \_\_\_1677876. MOENT

JUN - 6 1996

United States of America

CLERCA M.S. B.L. GOOD COUNT DISTRICT OF MINTYLAND

Plaintiff

Criminal No. JFM-93-0230

William W. Price, Jr.

Defendant

IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MARYLAND

#### ORDER OF SATISFACTION

Please enter the judgment in the above-entitled action, to include principal, interest, and costs, as PAID, SETTLED, and SATISFIED as to defendant WILLIAM W. PRICE, JR..

Respectfully submitted,

Lynne A. Battaglia United States Attorney TECHNOLOGY FEE kest Gabi Jan 13, 139,

SEPUTY

Donna C. Sanger Assistant United States Attorney 604 United States Courthouse 101 West Lombard Street Baltimore, MD 21201-2692 410/962-4822 (Trial Bar No. 01247)-

> I hereby attest and certify on that the foregoing document is a full, true and correct copy of the original on file in my office and in my legal custody.

> > FRANK L. MONGE CLERK, U.S. DISTRICT COURT DISTRICT OF MARYLAND

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### United States Attorney District of Maryland

Lynne A. Battaglia
United States Attorney

820 United States Courthouse 101 West Lombard Street Baltimore, MD 21201-2692 410-962-2458 ext.444

FTS 410-962-2458 cat. 444

Donna C. Sanger Assistant United States Attorney

June 10, 1996

Clerk of the Court Circuit Court for Queen Anne County Courthouse Centreville, MD 21617

Re: United States v. William Price, Jr.

Court No. JFM-93-0230

Your Docket No. Book TSP 1 Page 126, Ref:2124

Dear Clerk:

Enclosed please find a copy of the Order of Satisfaction which was obtained in the United States District Court for the District of Maryland regarding the above-referenced defendant. Please record the Order in the proper records of your court so that it may serve to release the lien previously recorded against any property owned by the defendant in your jurisdiction.

Also enclosed please find our check in the amount of \$3.00 to cover the recordation fee. Thank you for your assistance and cooperation.

RECEIVED LERK, CIRCUIT COURT 96 JUN 13 AM 91 42.

Very truly yours,

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By:

Tangie, R. Coleman.

Supervisory Paralegal Specialist

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Enclosures

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QUEEN ANNE'S COUNTY. SEAD

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Lien # 2125

NY OF WALL 19 9 PAT 3 6 8 P. M

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IMPORTANT RELEASE INFORMATION-With respect to the lien listed above, this notice shall operate as a certificate of release pursuant to 18 U.S.C. §3613(b) on November 2, 2013.

Place of Filing: Circuit Court for Queen Anne's County
This notice was prepared and signed at the United States Attorneys
Office, 101 W. Lombard Street, Room 820, Baltimore, MD 21201 on
this, the day of 1994.

Lynne A. Battaglia United States Attorney

By:

Donna C. Sanger

Assistant United States Attorney

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United States Attorney
District of Maryland

Lynne A. Battaglia
United States Attorney

820 United States Courthouse 101 West Lombard Street Baltimore, MD 21201-2692 410-962-4823

FTS 410-962-4822

Donna Sanger Assistant United States Attorney

> NOTICE OF LIEN FOR FINE IMPOSED PURSUANT TO THE SENTENCING REFORM ACT OF 1984

United States Attorneys Office for the District of Maryland

Serial Number

Notice is hereby given of a lien against the property of the defendant named below. Pursuant to Title 18, United States Code, Section 3613(a), a fine imposed pursuant to the provisions of subchapter C of chapter 227 is a lien in favor of the United States upon all property belonging to the person fined. Pursuant to §3613(d) a notice of lien shall be considered a notice of lien for taxes for the purposes of any State or local law providing for the filing of a tax lien. The lien arises at the time of the entry of judgment and continues until the liability is satisfied, remitted, or set aside, or until it becomes unenforceable pursuant to §3613(b).

Name of Defendant

Edward Price

Residence

Route 1, Box 29 John Powell Road Church Hill, Maryland 21623

Amount of Fine

\$2,000.00

Court Imposing Judgment District of Maryland

Court Number JFM-93-0230

Date of Judgment November 2, 1993

Date of Entry of the Judgment November 3, 1993

Rate of Interest When Payment is Deferred by Court 0
If payment becomes past due, penalties totaling up to 25 percent of the principal amount past due may arise. 18 U.S.C. §3612(g).

RECEIVED CLERK, CIRCUIT COURT

94 JUH 13 PM 3: 08

QUEEN ANNE'S COUNTY

#### RECEIVED CLERK, CIRCUIT COURT

95 AUG 28 AH 11: 38

DATE PRINTED: 11/10/94 - CASE STATUS: COMPLETED

IN THE CIRCUIT COURDUFET APRESCO GEORGE'S COUNTY, MARYLAND

\*\*\*\* CASE ASSIGNED TO JUDGE \*\*\*\*\*

UNITED STATES AMERICA VS MYLES

CASE NO: CAL89-13694

PARTIES:

UNITED STATES OF AMERICA

MYLES, HAROLD A

PARTY TYPE:

PLAINTIFF DEFENDANT

COUNTER CLAIM:

CASE TYPE: CERTIFIED JUDGMENT

FILING DATE: 07/28/89

COUNSEL:

ADAMS, LARRY D

REPRESENTING: LAST APPR:

PLAINTIFF

SCHEDULED DATES

.

## RECEIVED CERTIFICATE OF SERVICE CLERK, CIRCUIT COURT

It is HEREBY certified that on this 5/1/6/2@ay/|off August,
1995, a copy of the foregoing Order Of Satisfattion Hwas Mailled to:

Edward Price 705 John Powell Road Church Hill, MD 21623

Donna C. Sanger

Assistant U.S. Attorney

604 U.S. Courthouse

101 W. Lombard Street

Baltimore, Maryland 21201

410-962-4822

Trial Bar No. 01247

-

DCS 9300097/06

95 AUG 28 AM 11: 38

IN THE UNITED STATES DISTRICT COUNTY FOR THE DISTRICT OF MARYLAND

United States of America

:

Plaintiff

aintiff

v.

Criminal No. JFM-93-0230

Edward Price

Defendant

. .000.....

ORDER OF SATISFACTION

Please enter the judgment in the above-entitled action, to include principal, interest, and costs, as PAID, SETTLED, and SATISFIED as to defendant EDWARD PRICE.

Respectfully submitted,

Lynne A. Battaglia United States Attorney

Donna C. Sanger

Assistant United States Attorney

604 United States Courthouse

101 West Lombard Street

Baltimore, MD 21201-2692

410-962-4822

(Trial Bar No. 01247)

I hereby attest and certify on \$2-95 that the foregoing document is a full true and correct copy of the original

CLERK, U.S. DISTRICT COURT DISTRICT OF MARYLAND

Distribution Manages

Deputy

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#### U.S. Department of Justice



RECEIVED COURT

95 AUG 28 AM II: 38

United States Attorney District of Maryland

(1) Lynne A. Battaglia United States Attorney

820 United States Courthouse 101 West Lombard Street Baltimore, MD 21201-2692 410-962-2458 ext.444

FTS 410-962-2458 ext. 444

Donna C. Sanger Assistant United States Attorney

August 24, 1995

Clerk of the Court Circuit Court for Queen Anne County Courthouse Centreville, MD 21617

-Re:

United States v. Edward Price

Court No. JFM-93-0230

Your Docket No. Book TSP 1 Page 126

RECORDING FEE 3.89 TOTAL 3.82 Press 0491 Rept & 10007 Et Rud 518 V 2045 50. 1004 11456 Et

Dear Clerk:

Enclosed please find a copy of the Order of Satisfaction which was obtained in the United States District Court for the District of Maryland regarding the above-referenced defendant. Please record the Order in the proper records of your court so that it may serve to release the lien previously recorded against any property owned by the defendant in your jurisdiction.

Also enclosed please find our check in the amount of \$3.00 to cover the recordation fee. Thank you for your assistance and cooperation.

Very truly yours,

Lynne A. Battaglia United States Attorney

By:

Tangie K. Coleman

Supervisory Paralegal Specialist

Enclosure

WALL OF MAKILLAND QUEEN ANNES COUNTY, BURY

SAC

DAY OF WENT 19 7 AT 3 10 P.M.

HER TSP HOLLEN ANNES

Lien # 2126

MARGUERITE W. MANKIN, CLERK

IMPORTANT RELEASE INFORMATION-with respect to the lien listed above, this notice shall operate as a certificate of release pursuant to 18 U.S.C. §3613(b) on November 2, 2013.

Place of Filing: Circuit Court for Queen Anne's County
This notice was prepared and signed at the United States Attorneys
Office, 101 W. Lombard Street, Room 820, Baltimore, MD 21201 on
this, the 9th day of 1994.

Lynne A. Battaglia United States Attorney

By:

Donna C. Sanger

Assistant United States Attorney

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United States Attorney District of Maryland

Lynne A. Battaglia United States Attorney 820 United States Courthouse 101 West Lombard Street Baltimore, MD 21201-2692 410-962-4822

FTS 410-962-4822

Donna Sanger Assistant United States Attorney

> NOTICE OF LIEN FOR FINE IMPOSED PURSUANT TO THE SENTENCING REFORM ACT OF 1984

United States Attorneys Office for the District of Maryland

Serial Number

Notice is hereby given of a lien against the property of the defendant named below. Pursuant to Title 18, United States Code, Section 3613(a), a fine imposed pursuant to the provisions of subchapter C of chapter 227 is a lien in favor of the United States upon all property belonging to the person fined. Pursuant to §3613(d) a notice of lien shall be considered a notice of lien for taxes for the purposes of any State or local law providing for the filing of a tax lien. The lien arises at the time of the entry of judgment and continues until the liability is satisfied, remitted, or set aside, or until it becomes unenforceable pursuant to §3613(b).

Name of Defendant

William W. Price, Sr.

Residence

Route 1, Box 29 John Powell Road Church Hill, Maryland 21623

Amount of Fine

\$3,000.00

Court Imposing Judgment District of Maryland

Court Number JFM-93-0230

Date of Judgment November 2, 1993

Date of Entry of the Judgment November 3, 1993

Rate of Interest When Payment is Deferred by Court 0
If payment becomes past due, penalties totaling up to 25 percent of the principal amount past due may arise. 18 U.S.C. §3612(g).

RECEIVED CLERK, CIRCUIT COURT

94 JUN 13 PM 3: 10

QUEEN ANKE'S COUNTY

2/20

CHALTERAN JANONINI AS

1886 7771 - P 644 3: 13 BECEINED

#### CERTIFICATE OF SERVICE

It is HEREBY certified that on this \_\_\_\_ day of June,
1996, a copy of the foregoing Order of Satisfaction was mailed to:

Mr. William W. Price, Sr. 705 John Powell Road Church Hill, MD 21623

į

Assistant U.S. Attorney

604 U.S. Courthouse 101 W. Lombard Street Baltimore, Maryland 21201

410-962-4822

Trial Bar No. 01247

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DML 9300097/02

### IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MARYLAND

JUN - 6 1996

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DEFINE TO

United States of America

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ICa

OLL RUE, D. 1116, CAL. P. DEFRIET OF MARYLAND

Plaintiff

v.

Criminal No. JFM-93-0230

William W. Price, Sr.

7

Defendant

~~~ ·-

#### ORDER OF SATISFACTION

Please enter the judgment in the above-entitled action, to include principal, interest, and costs, as PAID, SETTLED, and SATISFIED as to defendant WILLIAM W. PRICE, SR..

Respectfully submitted,

Lynne A. Battaglia United States Attorney ACORDING FEE CLASSIC ROSAL REST CAGI 
Donna C. Sanger

Assistant United States Attorney 604 United States Courthouse 101 West Lombard Street Baltimore, MD 21201-2692

410/962-4822

(Trial Bar No. 01247)

QUEEN ANNES COUNTY, &C.

I HEREBY CERTURY TELAS

HIS Fed Tax (ien Da

PAY OF JUNE 1994 AT 16:18A

IBER TSPI FOR QUEEN ANNIES
WHOM FOR QUEEN ANNIES
WHOM AND RECORDED IN

12

Department of the Treasury - Internal Revenue Service Form 668 (Y) Motice of Federal Tax Liem (Rev. October 1993) For Optional Use by Recording Office Serial Number District 529410687 BALTIMORE, MD As provided by sections 6321, 6322, and 6323 of the Internal Revenue Code, we are giving a notice that taxes (including interest and penalties) have been assessed against the following-named taxpayer. We have made a demand for payment of this liability, but it remains unpaid. Therefore, there is a lien in favor of the United States on all property and rights to property belonging to this taxpayor for the amount of these taxes, and additional penalties. Interest, and costs that may accrue. Name of Taxpayer A B MACK INC , a CORPORATION MACK GLASS & UPHOLSTERY Residence 220 SHOPPING CENTER RD STEVENSVILLE, MD 21666-4046 IMPORTANT RELEASE INFORMATION: For each assessment listed below, unless notice of lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a). Tax Period Date of . -Last Day for Unpaid Balance \* Refiling Kind of Tax Assessment of Assessment Ended Identifying Number ુ (ઇ) 😅 (f)(a) (b) (c)  $(\theta)$ 52-1779499 9386.82 12/31/92 Ø3/21/94 04/20/04 941 Place of Filing CLERK OF THE CIRCUIT COURT Total QUEEN ANNE'S COUNTY 9386.82 CENTREVILLE, ΜD 21617 BALTIMORE, MD This notice was prepared and signed at \_ \_ , on this. 10th day of June Title Signature MANAGER ACS 52-Ø1-6999

CHAIR OF MAKILLAND

QUEEN ANNE'S COUNTY, SLE I HEREBY CERTIFY TELOD

77.7. SEE

PECELYED/FOR RECORD THIS CH

Form 668 (Y) (Rev. October 1993)

3Ø4

## Department of the Treasury - Internal Revenue Service

Motice of Federal Tax Lien

|                                                                                     |                                                                                                                 |                                                                  |                                                                                 |                                                                                                           |                                                 |                  |                                                                       | _        |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------|-----------------------------------------------------------------------|----------|
| District                                                                            |                                                                                                                 |                                                                  | Serial Numb                                                                     | ber                                                                                                       |                                                 | For Optio        | nal Use by Recording Office                                           | - (      |
| BA                                                                                  | ALTIMORE,                                                                                                       | MD                                                               |                                                                                 | 529410                                                                                                    | 936                                             |                  | D 10 C                                                                | i        |
| Code, we are have been assa demand for there is a lien property belo additional pen | giving a notice sessed against payment of the infavor of the infavor of the ingling to this relation, interest, | e that tax<br>the follow<br>als liabilit<br>e United<br>taxpayer | es (including<br>wing-named t<br>y, but it rem<br>States on all<br>for the amou | of the Internal  I interest and p  axpayer. We ha  ains unpaid. T  I property and  unt of these ta  crue. | enalties)<br>ive made<br>herefore,<br>rights to |                  | RECEIVED CLERIG CIRCUIT COURT 95 JUN 20 AH II: 12 QUEEN ANNE'S COUNTY |          |
| Name of Taxpa                                                                       | yer COAST                                                                                                       | COMBUS                                                           | TION SYST                                                                       | EMS INC ,                                                                                                 | a CORPO                                         | RATION           | URT<br>12                                                             | •        |
|                                                                                     | 1006 BUTTE<br>STEVENSVIL                                                                                        |                                                                  |                                                                                 | 561                                                                                                       |                                                 |                  |                                                                       | 7!       |
| unless notice                                                                       | of lien is refiled<br>Blowing such da                                                                           | by the da                                                        | te given in col                                                                 | assessment listo<br>lumn (e), this no<br>ate of release a                                                 | tice shall,                                     |                  |                                                                       | _ (      |
| Kind of Tax<br>(a)                                                                  | Tax Period<br>Ended<br>(b)                                                                                      | Identify                                                         | ing Number<br>(c)                                                               | Date of Assessment (d)                                                                                    | Last Da<br>Refill<br>(e)                        | lng              | Unpald Balance<br>of Assessment<br>(f)                                | _ ,<br>_ |
| <b>741</b>                                                                          | 12/31/93                                                                                                        | 52                                                               | -163351Ø                                                                        | Ø3/14/94                                                                                                  | Ø4/13                                           | 6/Ø4             | 18122.38                                                              | - 1      |
| -                                                                                   |                                                                                                                 |                                                                  | · ·                                                                             |                                                                                                           |                                                 |                  |                                                                       | -        |
| Place of Filing                                                                     | CLERK<br>QUEEN                                                                                                  |                                                                  | E CIRCUIT<br>S COUNTY<br>, MD 2:                                                | COURT                                                                                                     |                                                 | Total            | \$ 18122.38                                                           | _        |
| This notice wa                                                                      |                                                                                                                 |                                                                  | u                                                                               | IMORE, MD                                                                                                 |                                                 |                  | , on thi                                                              | s,       |
| Signature for                                                                       | Ls. SABLE                                                                                                       |                                                                  |                                                                                 | Title                                                                                                     |                                                 | REVENU<br>52-Ø1- | JE OFFICER<br>-2425                                                   | _        |
| (NOTE: Certi                                                                        | ficate of officer aut                                                                                           | horized by I                                                     | aw to take ackno                                                                | wledgments is not                                                                                         | essential to th                                 | e validity of    | Notice of Federal Tax lien                                            | _        |

#### FORM **669-B** (Rev. February 1992)

#### DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE

# Certificate of Discharge of Property from Federal Tax Lien (Section 6325(b)(2)(A) of the Internal Revenue Code)

| Whereas, <u>Coas</u>                                                                                                                                                   | t Combustion Syst                                                                       | ems, Inc.                                 | <del></del>                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Of <u>1006 Butterwort</u>                                                                                                                                              | h Ct.                                                                                   |                                           | , City of <u>Stevensville</u>                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| County ofQueen An                                                                                                                                                      | nes                                                                                     | State of Maryland                         |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| is indebted to the United                                                                                                                                              | I States for unpaid into                                                                | ernal revenue tax ir                      | n the sum of <u>One Hundred F</u>                                                                               | orty                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Thousand Six Hundr                                                                                                                                                     | ed Thirteen and 8                                                                       | 5/100 Dollare (\$                         | 140.613.85                                                                                                      | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                        |                                                                                         | -γ                                        | 107010100                                                                                                       | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| as evidenced by:                                                                                                                                                       |                                                                                         |                                           |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Notice of Federal Tax<br>Lien Serial Number<br>(a)                                                                                                                     | Recording<br>Information<br>(b)                                                         | Date<br>Recorded<br>(c)                   | Taxpayer Identification<br>Number<br>(d)                                                                        | Amount Shown<br>on Lien<br>(e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 529268342<br>529308023<br>529311554<br>529326999<br>529405160<br>529410936<br>529506952<br>Whereas, to secure                                                          | the said taxpayer on                                                                    | account of said tax                       | 52-1633510<br>52-1633510<br>52-1633510<br>52-1633510<br>52-1633510<br>52-1633510<br>52-1633510<br>60 52-1633510 | 18143.30<br>14153.68<br>18018.55<br>1556.93<br>17053.57<br>18122.38<br>755.20<br>ing to all the property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| County of Queen                                                                                                                                                        | Annes                                                                                   | , and also with t                         | he                                                                                                              | s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                        |                                                                                         | ,                                         | in accordance with the applica                                                                                  | ble provisions of law.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 1 Model 286 Com 2 Office Desks 3 Office Chairs 2 Office File C 1 Small Refrige 3 Desk Lamps 1 Rolling Compu 1 Bookcase 3 Folding Table 1 Metal Storage 2 Test Panels w | puter & Monitor (Wooden)  abinets rator  ter Table  cabinet ith Switches Panel Material | 1<br>1<br>4<br>1<br>1<br>1<br>1<br>1<br>1 | Bench Electric Grinder Bench Vise Belt Sander Band Saw Chaid Falls Ronan Transmation                            | RECEIVED OURS OF AUG 15 PM 1: 25 AUG 15 PM |
|                                                                                                                                                                        | <u>.</u>                                                                                |                                           | 1/2" Electric Drill<br>Saws-All                                                                                 | Continued                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

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| (Use this spac | e for co | ntinued de | escription of | property) |
|----------------|----------|------------|---------------|-----------|
|                |          |            |               |           |

| Paints & Compounds                                                                                        | 2. Bang Boxes 1 Misc. Office Supp.                                   |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Ridgid ConduIt                                                                                            | 4 Metal Shelves                                                      |
| Contu <b>I</b> t Fittings                                                                                 | l Metal Bookcase                                                     |
| Wire, Stake-Ons & Etc.<br>Allen Bradley Panel Material                                                    | l Metal Cabinet<br>l Hand Truck                                      |
| (Terminals, Switches & Etc.)                                                                              | 1 Wooden Bookcase                                                    |
| Other Electrical Panel Material                                                                           | l Drafting Table                                                     |
| Electric Fans                                                                                             | 2 Wall Mounted Control Cabinets                                      |
| Extension Cords & Come Alongs                                                                             | 5 Hoffman Bases                                                      |
| Hard Hats                                                                                                 | 1 Wonder Ware Software                                               |
| Old Fireye Controls                                                                                       | 1 Allen Bradley SLC500 Software                                      |
| New Fireye Mounting Bases                                                                                 | l File Cabinet - 4 drawer                                            |
| A-B SLC-100 System                                                                                        | l File Cabinet - 2 drawer                                            |
| 4 Maxon Gas Vent Valves 2 1/2"                                                                            | 2 File Cabinets with Desk Top                                        |
| l Misc. Motor Starters, Etc.                                                                              | l Desk - Blonde                                                      |
|                                                                                                           | 2 Swivel Chairs                                                      |
| 1 Stereo System & Speakers                                                                                | 1 Fax Machine                                                        |
| l Refrigerator                                                                                            | 1 Utility Truck Box                                                  |
| 1 Color Television , 1 Microwace Oven                                                                     | determined that the value of the interest of the United States       |
| in the foregoing property, under and by virtue of its afores                                              | said tax lien, amounts to the sum of                                 |
| Two Hundred Five and 00/100                                                                               | dollars (\$ 2,205.00) and has                                        |
| authorized the issuance, under the provisions of section                                                  | 6325(b)(2)(A) of the Internal Revenue Code, of a certificate         |
| discharging the above-described property from the tax li                                                  | en of the United States upon the payment of the sum of               |
| Two Thousand Two Hundred Five and 00/100                                                                  | dollars (\$2,205.00) to be applied                                   |
|                                                                                                           | einbefore stated which sum has been paid to be so applied,           |
| and the receipt of which sum by me is hereby acknowledge                                                  | ged; David S. Schoolign.                                             |
| Now, therefore, this instrument witnesseth, that I,                                                       |                                                                      |
| District Director of Internal Revenue atBaltimore, Ma                                                     | aryland , charged by law with the duty                               |
| of collecting and enforcing the collection of internal rev                                                | enue taxes due the United States, and charged with the               |
| assessment hereinbefore stated, do, pursuant to the provis                                                | sions of section 6325(b)(2)(A) of the Internal Revenue Code,         |
| discharge the property heretofore described from the afore                                                | esaid tax lien, saving and reserving, however, the force and         |
| effect of said tax lien against and upon all other property of                                            | or rights to property to which said lien is attached, whereso-       |
| ever situated.                                                                                            | •                                                                    |
| Witness my hand atWilmington, Delaware                                                                    | , on this,                                                           |
| the day ofJuly                                                                                            | , 19 <u>97</u> .                                                     |
| Circulation .                                                                                             | T                                                                    |
| Signature                                                                                                 | Title                                                                |
| David Dekockly                                                                                            | Special Procedures Advisor                                           |
| Note: Certificate of officer authorized by law to take acknowledgment Rev. Rul. 71-466, 1971-2, C.B. 409. | s is not essential to the validity of Discharge of Federal Tax Lien. |

EX ORD BOOK FOR QUEEN ANNES ECEIVED FOR RECORD THIS C ARE OF WARRESHIP. QUEEN ANNE'S COUNTY, /1 HEREBY, CERTIFIE /范 

Form 668 (Y)

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## Department of the Treasury - Internal Revenue Service

Matico of Godoral Tay liam

| Residence  216 GROVER COVE DR CENTERVILLE, MD 21617  IMPORTANT RELEASE INFORMATION: For each assessment listed below, unless notice of lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a).  Kind of Tax Period (b) dismitifying Number (d) Ended (b) (e) (f) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (Rev. October 1993)                                                                                            |                                                                                                              | MULL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | GE OI LEME                                                                                                  | iai iax Li                                                 | 9 M                                                           |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------|-----------|
| As provided by sections \$321, 6322, and \$323 of the Internal Revenus Code, we are giving a notice that tares (including interest and pensities) have been especies depend the following-named taxpayer. We have made a demand for payment of this litebility, but it remains unjeid. Therefore, there is a liter in fever of the United States on all property and rights to property belonging to this tempeyer for the empeurt of thisse faces, and additional pensities, informed, and coate their may eccrus.  Name of Taxpayer ROBERT E WILLIAMS  Residence  216 GROVER COVE DR CENTERVILLE. MD 21617  IMPORTANT RELEASE INFORMATION: For each assessment listed below, unless notice of lien is refilled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a):  Wind of Tax Period  (b)  Important RELEASE INFORMATION: For each assessment listed below, unless notice of lien is refilled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a):  Wind of Tax Period  (b)  Important RELEASE INFORMATION: For each assessment listed below, unless notice of lien is refilled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a):  Place of Filing  CLERK OF THE CIRCUIT COURT Refilling  CLERK OF THE CIRCUIT COURT Total \$ 6297.73  Total \$ 6297.73  This notice was prepared and signed at BALTIMORE, MD , on this, the 16 that of June 19 94.                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | District                                                                                                       | - <u> </u>                                                                                                   | Serial Num                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ber                                                                                                         | Fo                                                         | or Optional Use by Recordin                                   | ng Office |
| IMPORTANT RELEASE INFORMATION: For each assessment listed below, unless notice of lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a).  Kind of Tax   Tax Period   Identifying Number   Date of   Lest Day for   Assessment (e)    1040   12/31/95   213-46-5849   02/24/92   03/25/02   6297.73    Place of Filling   CLERK OF THE CIRCUIT COURT   QUEEN ANNE'S COUNTY   CENTREVILLE, MD 21617    This notice was prepared and signed at   BALTIMORE, MD   , on this, the   16t blay of   June   , 19   94.  Signature   Title   MANAGER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | As provided Code, we are have been as a demand for there is a lieu property being additional per Name of Taxpa | by sections 6: giving a notic sessed against payment of th n in favor of th onging to this naities, interest | MD  321, 6322, and 6323 of that taxes (including the following-named this liability, but it remains United States on all taxpayer for the amount and costs that may according to the texpayer of the texpayer for | 529412 of the internal of interest and player. We have taken unpaid. The property and unit of these takens. | Revenue<br>ensities)<br>ave made<br>herefore,<br>rights to | CLERK CIRCUIT COURT  94 JUN 20 MILL: 13  OUEEN MILLE'S COUNTY | <u> </u>  |
| Kind of Tax Ended   Identifying Number   Assessment   Refilling   Of Assessment   (d)   (e)    1040   12/31/85   213-46-5849   02/24/92   03/25/02   6297.73    Place of Filing   CLERK OF THE CIRCUIT COURT   Total   \$ 6297.73    CLERK OF THE CIRCUIT COURT   CUEEN ANNE'S COUNTY   CENTREVILLE, MD 21617   6297.73    This notice was prepared and signed at   BALTIMORE, MD   , on this, the   16t day of   June   , 19   94.  Signature   Title   MANAGER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | IMPORTANT<br>unless notice<br>on the day fo                                                                    | CENTERVILL RELEASE INF of lien is refiled bllowing such da                                                   | E, MD 21617 ORMATION: For each by the date given in co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | lumn (e), this no                                                                                           | tice shall,                                                |                                                               |           |
| 1040   12/31/85   213-46-5849   02/24/92   03/25/02   6297.73                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                | Ended                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Assessment                                                                                                  | Refiling                                                   | of Assessm                                                    |           |
| CLERK OF THE CIRCUIT COURT QUEEN ANNE'S COUNTY CENTREVILLE, MD 21617  This notice was prepared and signed at BALTIMORE, MD , on this, the 16t day of June , 19 94.  Signature Title MANAGER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                | 12/31/85                                                                                                     | 213-46-5849                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Ø2/24/92                                                                                                    | Ø3/25/Ø                                                    | 2 6297.                                                       | 73        |
| the <u>16t day of June</u> , 19 <u>94.</u> Signature Title MANAGER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Place of Filing                                                                                                | QUEEN                                                                                                        | ANNE'S COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                             | ני                                                         | otal \$ 6297.                                                 | 73        |
| The state of the s |                                                                                                                |                                                                                                              | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (MORE, MD                                                                                                   |                                                            | ,                                                             | on this,  |
| for \$2-01-6999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Signature                                                                                                      | L. Houre                                                                                                     | AC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                             |                                                            | NAGER<br>-Ø1-6999                                             |           |

ECEIVED FOR RECORD THIS CO QUEEN ANNE'S COUNTY, STA

lien # 2130

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Department of the Treasury - Internal Revenue Service (7) Form 668 (Y) Motice of Federal Tax Lian (Rev. October 1993) For Optional Use by Recording Office District Serial Number BALTIMORE, MD 529410968 As provided by sections 6321, 6322, and 6323 of the Internal Revenue Code, we are giving a notice that taxes (including interest and penalties) have been assessed against the following-named taxpaver. We have made a demand for payment of this Hability, but it remains unpaid. Therefore, there is a lien in favor of the United States on all property and rights to property belonging to this taxpayer for the amount of these taxes, and additional penalties, interest, and costs that may accrue. Name of Taxpayer ROBERT E JR & GAIL E WILLIAMS Residence 216 GROVER COVE DR CENTERVILLE, MD 21617 IMPORTANT RELEASE INFORMATION: For each assessment listed below. unless notice of lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a). Tax Period Date of Last Day for Unpaid Balance Kind of Tax Ended identifying Number Assessment Refiling of Assessment (b) (0) (a) (c) (d) 1798.54 213-46-5849 04/11/94 Ø5/11/Ø4 1040 12/31/89 Place of Filing CLERK OF THE CIRCUIT COURT Total 1798.54 QUEEN ANNE'S COUNTY CENTREVILLE, MD 21617 This notice was prepared and signed at \_\_\_BALTIMORE, MD the 16thay of June 19 94

(NOTE: Certificate of officer authorized by law to take acknowledgments is not essential to the validity of Notice of Federal Tax lien Rev. Rul. 71-466, 1971 - 2 C.B. 409) Form 668 (Y) (Rev. 10-93)

ACS

Signature

Title

MANAGER

52-Ø1-6999

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## ABSTRACT OF JUDGMENT

#### NOTICE

Pursuant to Title 28, United States Code, Section 3201, this judgment, upon the filing of this abstract in the manner in which a otice of tex sen would be filed under paragraphs (1) and (2) of 26 U.S.C. §6323(f), creates a sen on all real property of the defendant(s) and has priority over all other sens or encumbrances which are perfected later in time. The sen created by this section is effective, unless satisfied, for a period of 20 years and may be renewed by filing a notice of renewal. If such notice of renewal is filed before the expiration of the 20 year period to prevent the expiration of the sen and the court approves the renewal, the sen shall relate back to the date the judgment is filed.

| Names and Addresses of Parties against w<br>bave been obtained            | bom judgments        | Names of Parties in whose           | e favor judgments have been obtained    |  |  |
|---------------------------------------------------------------------------|----------------------|-------------------------------------|-----------------------------------------|--|--|
| GERARD J. RYKIEL<br>720 THOMPSON CREEK ROAD<br>STEVENSVILLE, MARYLAND 216 | 66                   | United States of America  Plaintiff |                                         |  |  |
|                                                                           |                      | v.                                  |                                         |  |  |
|                                                                           |                      | Gerard J. Rykiel                    |                                         |  |  |
|                                                                           |                      |                                     | Defendant                               |  |  |
|                                                                           |                      |                                     |                                         |  |  |
| Amount of Judgment                                                        | Names of (           | Creditors' Attorneys                | Docketed                                |  |  |
| \$10,800.00 (no interest)                                                 |                      | faryland<br>Courthouse              | K-93-045  AE 4987                       |  |  |
| UNITED STATES OF AMERICA,                                                 | CLERKS               | OFFICE U.S. I                       | DISTRICT COURT FOR THE                  |  |  |
| LODDITOV That the                                                         | formania e la comuni |                                     | الله الله الله الله الله الله الله الله |  |  |
| CERTIFI, IM ME                                                            |                      | A                                   | alcred or registered by this Court.     |  |  |
| prociven                                                                  | ···· <del></del>     | Joseph A. Ha                        | , Clerk.                                |  |  |
| RECEIVED<br>CLERK, CIRCUIT COURT                                          | Ву                   | M. West                             | , Deputy Clerk.                         |  |  |
| 94 JUN 20 AM 11: 29                                                       | •                    |                                     |                                         |  |  |
| QUEEN ANME'S COUNTY                                                       |                      | I hereby aftest and certify on      | 4-18-94                                 |  |  |

JOSEPH A. HUAS
CLERK, U. S. DISTRICT COURT
DISTRICT OF MARYLAND
CONTROL
CONTRO

that the foregoing document is a fell, true and extrest copy of the original on file in my office and in file

legal custody.

LECEVED FOR RECORD THIS , I HEREBY CERTIFY ATEM



Form 668 (Y)

427

## Department of the Treasury - Internal Revenue Service

| Rev. October 1993)                                                               |                                                                                               | lyom                                                                                                                                                     | 9091 10 92                                                                                     | rai iax Lien                                   |                                            |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------|
| District                                                                         | ·                                                                                             | Serial Nun                                                                                                                                               | nber                                                                                           | For Opt                                        | ional Use by Recording Office              |
| BA                                                                               | ALTIMORE, N                                                                                   | 10                                                                                                                                                       | 5294112                                                                                        | 220                                            |                                            |
| As provided Code, we are have been as a demand for there is a lieu property belo | by sections 63 giving a notice sessed against repayment of the in favor of the onging to this | 321, 6322, and 6323 e that taxes (includin the following-named his ilability, but it rerue United States on a taxpayer for the amo, and costs that may a | g interest and p<br>taxpayer. We ha<br>nains unpaid. Ti<br>il property and<br>ount of these ta | enaitles)<br>ve made<br>herefore,<br>rights to | CLERK, CIRCUIT COURT  OLERNA ATTIES COUNTY |
| Name of Taxpa                                                                    | 1/1CHUIV                                                                                      | CHARLES JONES<br>HORE RESTORATION                                                                                                                        |                                                                                                |                                                | SIREUIT<br>23 AH                           |
|                                                                                  | RT 1 BOX 33<br>CHURCH HILL                                                                    | 3 PINDER HILL F<br>_, MD 21623-97                                                                                                                        |                                                                                                |                                                | ου 17<br>10: 10<br>13 του 17               |
| unless notice                                                                    | of lien is refiled<br>ollowing such da                                                        | ORMATION: For each by the date given in coute, operate as a certific                                                                                     | olumn (e), this no                                                                             | tice shall,<br>s defined                       |                                            |
| Kind of Tax<br>(a)                                                               | Tax Period<br>Ended<br>(b)                                                                    | identifying Numbar<br>(c)                                                                                                                                | Date of<br>Assessment<br>(d)                                                                   | Last Day for<br>Refiling<br>(e)                | Unpaid Balance<br>of Assessment<br>(f)     |
| 94Ø<br>94Ø<br>94Ø                                                                | 12/31/89<br>12/31/89<br>12/31/90                                                              | 52-157913Ø<br>52-157913Ø<br>52-157913Ø                                                                                                                   | 01/07/91<br>01/04/93<br>01/04/93                                                               | Ø2/Ø6/Ø1<br>Ø2/Ø3/Ø3<br>Ø2/Ø3/Ø3               | 1338.54<br>1415.21                         |
|                                                                                  |                                                                                               | .e.,                                                                                                                                                     |                                                                                                |                                                |                                            |
|                                                                                  |                                                                                               |                                                                                                                                                          |                                                                                                | -                                              |                                            |
| Place of Filing                                                                  | CLERK<br>QUEEN                                                                                | OF THE CIRCUI<br>ANNE'S COUNTY<br>EVILLE, MD 2                                                                                                           | T COURT                                                                                        | Total                                          | \$<br>2753.75                              |
| This notice wa                                                                   | as prepared an                                                                                | d signed at <u>BALT</u>                                                                                                                                  | IMORE, MD                                                                                      |                                                | , on this,                                 |
| the <u>21</u> ≤tda                                                               | y of <u>Jun</u>                                                                               | <u>e</u> , 19 <u>94</u> .                                                                                                                                |                                                                                                |                                                |                                            |
| Signature for                                                                    | Lo. STARRET                                                                                   | w.C.                                                                                                                                                     | Title                                                                                          | REVEN<br>52-Ø1                                 | UE OFFICER<br>-1526                        |

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Form 668 (Y)

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#### Department of the Treasury - Internal Revenue Service

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| (Rev. October 1993)                                                              |                                                                                                           | noti                                                                                                                                                                          | ce of rede                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ifal lax lich                                                        |                                                                    |            |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| District                                                                         |                                                                                                           | Serial Num                                                                                                                                                                    | ber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | For Opt                                                              | ional Use by Recording Office                                      | . (        |
| E                                                                                | ALTIMORE, I                                                                                               | מא                                                                                                                                                                            | 529411                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Ø69                                                                  |                                                                    | , 4        |
| As provided Code, we are have been as a demand for there is a lie property being | by sections 63 giving a notice sessed against repayment of the influence of the langing to this sections. | 321, 6322, and 6323 ( e that taxes (including the following-named ( nis liability, but it rem ( a) United States on all ( a) and costs that may ac ( a) and costs that may ac | interest and present of the second of the se | enaities)<br>ive made<br>herefore,<br>rights to                      | OVEE                                                               | ,          |
| Name of Taxpa                                                                    | BRUCO<br>HOME CEN                                                                                         | INC , a CORPORA<br>TER                                                                                                                                                        | TION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      | REGEIVE<br>CLERK, CIRCUIT<br>95 JUN 23 AH<br>QUEEN AHRE'S (        |            |
|                                                                                  | PO BOX 99<br>STEVENSVILI                                                                                  | LE, MD 21666-Ø                                                                                                                                                                | Ø99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      | CLERK, CIRCUIT COURT<br>95 JUN 23 AN 10: 19<br>QUEEN AHNE'S COURTY | <u>į</u> . |
| unless notice                                                                    | of lien is refiled<br>ollowing such da                                                                    | ORMATION: For each by the date given in co te, operate as a certific                                                                                                          | lumn (e), this no                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | tice shall, 🍴                                                        | \<br>1. 0<br>2. 24                                                 | 1          |
| Kind of Tax<br>(a)                                                               | Tax Period<br>Ended<br>(b)                                                                                | Identifying Number<br>(C)                                                                                                                                                     | Date of Assessment (d) .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Last Day for<br>Reflling<br>(e)                                      | Unpaid Balance of Assessment (f)                                   |            |
| 941<br>941<br>941<br>941<br>941<br>941                                           | 06/30/92<br>09/30/92<br>12/31/92<br>03/31/93<br>06/30/93<br>09/30/93                                      | 52-1766971                                                                                                                                                                    | 07/26/93<br>05/03/93<br>08/02/93<br>08/23/93<br>01/03/94<br>01/03/94                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Ø8/25/Ø3<br>Ø6/Ø2/Ø3<br>Ø9/Ø1/Ø3<br>Ø9/22/Ø3<br>Ø2/Ø2/Ø4<br>Ø2/Ø2/Ø4 | 1982.80<br>2538.90<br>3392.08<br>4709.51<br>6206.73<br>7731.50     |            |
|                                                                                  |                                                                                                           |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                    |            |
|                                                                                  |                                                                                                           |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | . <del></del>                                                        |                                                                    | \$-        |
| Place of Filing                                                                  | CLERK<br>QUEEN                                                                                            | OF THE CIRCUIT<br>ANNE'S COUNTY<br>EVILLE, MD 21                                                                                                                              | COURT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Total                                                                | \$ 26561.52                                                        | 1          |
| This notice wa                                                                   | s prepared and                                                                                            | d signed atBALTI                                                                                                                                                              | MORE, MD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                      | , on this                                                          | ,          |
| the <u>17</u> t lda                                                              | y of <u>Jun</u>                                                                                           | <u>₽</u> ,19 <u>74</u> .                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                    | <i>i</i> 1 |
| Signature for                                                                    | L. Hoare                                                                                                  | AC                                                                                                                                                                            | Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MANAGE<br>52-Ø1-                                                     |                                                                    |            |

Queen annes county.

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Form 668 (Y)

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#### Department of the Treasury - Internal Revenue Service

| (Rev. October 1993)                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NOU                                                                                                                                                                | CC 01 FCQ                                                                                           | eral lax                                                     | Lien               |                                                                                     |        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------|--------|
| District                                                                                        | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Serial Number For Optional Use by Rec                                                                                                                              |                                                                                                     |                                                              |                    | onal Use by Recording Office                                                        |        |
| As provided Code, we are have been as a demand for there is a lied property belo additional per | e giving a notice is essed against is essed against in payment of the inferior of the estimation of th | 321, 6322, and 6323 of that taxes (including the following-named this liability, but it remuse United States on all taxpayer for the amous, and costs that may act | g interest and plant interest and plant in the high sumpaid. The property and unt of these taccrue. | Revenue<br>penalties)<br>ave made<br>Therefore,<br>rights to |                    | CLERK, CIRCUIT COURT  CLERK, CIRCUIT COURT  GIA JUN 28 AN 9: 57  GUEEN ANNE'S COURT | 21     |
| Residence 2<br>SIMPORTANT unless notice                                                         | 400 ELM ST<br>STEVENSVILI<br>RELEASE INF<br>of lien is refiled<br>bllowing such da                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | W & KANDICE S C<br>LE, MD 21466-3<br>ORMATION: For each<br>by the date given in colute, operate as a certific                                                      | 46Ø<br>assessment list<br>lumn (e), this no                                                         | otice shall,                                                 | -                  | CLERK, CHROUT COURT  CLERK, CHROUT COURT  OUEEN ANNE'S COUNTY                       | 4      |
| Kind of Tax (a)                                                                                 | Tax Period<br>Ended<br>(b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | identifying Number                                                                                                                                                 | Date of<br>Assessment<br>(d)                                                                        | Last Da<br>Refili                                            | ńg                 | Unpaid Balance<br>of Assessment<br>(f)                                              |        |
| 1040<br>1040<br>1040                                                                            | 12/31/90<br>12/31/91<br>12/31/92                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                    | 11/18/91<br>Ø5/24/93<br>Ø8/16/93                                                                    | 12/18/<br>Ø6/23/<br>Ø9/15/                                   | /Ø3                | 4047.58<br>9444.15<br>1420.43                                                       |        |
|                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                    |                                                                                                     |                                                              |                    |                                                                                     | J -ij- |
| Place of Filing                                                                                 | QUEEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | OF THE CIRCUIT<br>ANNE'S COUNTY<br>EVILLE, MD 21                                                                                                                   | COURT                                                                                               |                                                              | Total              | \$ 14912.16                                                                         |        |
|                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | d signed at <u>EALTI</u>                                                                                                                                           | MORE, MD                                                                                            | -                                                            |                    | , on this,                                                                          | t l    |
| ignature<br>for                                                                                 | L. Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | AC                                                                                                                                                                 | Title                                                                                               |                                                              | MANAGEI<br>52-Ø1-d |                                                                                     | •      |

2134

**™** 

Harry Johnson

Form 668 (Z)
(Rev. 5-94)

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Department of the Treasury - Internal Revenue Service

## Certificate of Release of Federal Tax Lien

| District  Serial Number  For Use by Rec  DFI AWARE / MARYL AND 5.79411527  I certify that as to the following-name taxpayer, the requirements of section 6325 (a) of the Internal Revenue Code have been satisfied for the taxes listed below and for | cording Office                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| I certify that as to the following-name taxpayer, the requirements of section 6325 (a)                                                                                                                                                                |                                     |
| I certify that as to the following-name taxpayer, the requirements of section 6325 (a)                                                                                                                                                                | -                                   |
| to has woled betall sever and to belieft maced event class? aumevell length and the                                                                                                                                                                   | •                                   |
|                                                                                                                                                                                                                                                       |                                     |
| all statutory additions. Therefore, the lien provided by Code section 6321 for these                                                                                                                                                                  | 93<br>37.E                          |
| taxes and additions has been released. The proper officer in the office where the                                                                                                                                                                     | Service Control                     |
| notice of internal revenue tax lien was filed on June 28                                                                                                                                                                                              | F CRE                               |
| 19 94, is in authorized to note the books to show the release of this lien for these taxes and additions                                                                                                                                              | TO REL                              |
| Name of Taypayer                                                                                                                                                                                                                                      |                                     |
| all statutory additions. Therefore, the lien provided by Code section 6321 for these taxes and additions has been released. The proper officer in the office where the notice of internal revenue tax lien was filed on                               | RECEIVED COURT CLERK, CIRCUIT COURT |
| Residence                                                                                                                                                                                                                                             | 폭으 확                                |
| 400 ELM ST<br>STEVENSVILLE, MD 21666-3460                                                                                                                                                                                                             | ~                                   |
|                                                                                                                                                                                                                                                       |                                     |
| COURT RECORDING INFORMATION:                                                                                                                                                                                                                          | •                                   |
| Liber Page UCC No. Serial No.                                                                                                                                                                                                                         |                                     |
| 1 126 n/a 2134 Tax Period Date of Last Day for Uni                                                                                                                                                                                                    | paid Balance                        |
|                                                                                                                                                                                                                                                       | Assessment                          |
| (a) (b) (c) (d) (e)                                                                                                                                                                                                                                   | (f)                                 |
|                                                                                                                                                                                                                                                       | 4647 50                             |
| 1040   12/31/90   056-42-9875   11/18/91   12/18/01<br>1040   12/31/91   056-42-9875   05/24/93   06/23/03                                                                                                                                            | 4047.58<br>9444.15                  |
| 1040   12/31/91   056-42-9875   05/24/93   06/23/03   1040   12/31/92   056-42-9875   08/16/93   09/15/03                                                                                                                                             | 1420.43                             |
| ******************                                                                                                                                                                                                                                    |                                     |
|                                                                                                                                                                                                                                                       |                                     |
|                                                                                                                                                                                                                                                       |                                     |
|                                                                                                                                                                                                                                                       |                                     |
|                                                                                                                                                                                                                                                       |                                     |
|                                                                                                                                                                                                                                                       |                                     |
|                                                                                                                                                                                                                                                       |                                     |
|                                                                                                                                                                                                                                                       |                                     |
|                                                                                                                                                                                                                                                       |                                     |
|                                                                                                                                                                                                                                                       |                                     |
| Place of Filing                                                                                                                                                                                                                                       | <del></del>                         |
| CLERK OF THE CIRCUIT COURT Total \$                                                                                                                                                                                                                   |                                     |
|                                                                                                                                                                                                                                                       | 14912.16                            |
| CENTREVILLE, MD 21617                                                                                                                                                                                                                                 |                                     |
|                                                                                                                                                                                                                                                       |                                     |
| This notice was prepared and signed at BALTIMORE, MD                                                                                                                                                                                                  | , on this,                          |
| This notice was prepared and signed atBALTIMURE, MD                                                                                                                                                                                                   |                                     |
|                                                                                                                                                                                                                                                       |                                     |
| the O2nd day of July , 19 96                                                                                                                                                                                                                          |                                     |
|                                                                                                                                                                                                                                                       | ·                                   |
| Signature Title                                                                                                                                                                                                                                       |                                     |
| Chief, SFf                                                                                                                                                                                                                                            |                                     |

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HIS THE ANNE'S COUNTY, CHANGE THE THE TOTAL RECEIPS CERTAINED BY AN OR MADED BY THESE TOTAL RECEIPS REGISTED BY THE SECOND THESE TOTAL RECEIPS REGISTED BY THE SECOND FOR THE SECOND THE SE



Form 668 (Y)

427

## Department of the Treasury - Internal Revenue Service

| Rev. October 1993)                                                                                         |                                                                                             | Not                                                                                                                                                     | lice of Fede                                                                                      | ral Tax Li                                                 | en                     |                                             |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------|---------------------------------------------|
| District                                                                                                   |                                                                                             | Serial Nu                                                                                                                                               | F                                                                                                 | or Optional Us                                             | se by Recording Office |                                             |
| As provided be Code, we are go have been assed a demand for there is a lien property belon additional pens | giving a notice essed against payment of the in favor of the aging to this alties, interest | 321, 6322, and 6323 at that taxes (including the following-named his ilability, but it reset that on a taxpayer for the am and costs that may a series. | ng interest and p<br>I taxpayer. We ha<br>mains unpaid. T<br>all property and<br>ount of these ta | Revenue<br>enalties)<br>eve made<br>herefore,<br>rights to |                        | CLERK, CIRCUIT COURT<br>91, JUN 28 AM 9: 50 |
| IMPORTANT I                                                                                                | JOHNNY TEVENSVILL RELEASE INF of lien is refiled owing such da                              | LN                                                                                                                                                      | n assessment list<br>column (e), this no                                                          | tice shall, 🖟                                              |                        | 0 COURT<br>1 9: 50                          |
| Kind of Tax                                                                                                | Tax Period<br>Ended<br>(b)                                                                  | ldentifying Number<br>(C)                                                                                                                               | Date of Assessment (d)                                                                            | Last Day 1<br>Refiling<br>(e)                              |                        | Unpaid Balance of Assessment (f)            |
| 1040<br>1040                                                                                               | 12/31/9Ø<br>12/31/92                                                                        | 214-56-1535<br>214-56-1535                                                                                                                              |                                                                                                   | Ø6/24/Ø<br>Ø6/23/Ø                                         |                        | 2768.29<br>3973.36                          |
|                                                                                                            |                                                                                             | <del></del>                                                                                                                                             |                                                                                                   | <br>                                                       |                        | <del></del>                                 |
| Place of Filing                                                                                            | QUEEN                                                                                       | OF THE CIRCUI<br>ANNE'S COUNTY<br>EVILLE, MD 2                                                                                                          |                                                                                                   |                                                            | Total   \$             | 6741.65                                     |
|                                                                                                            |                                                                                             | d signed atBALT                                                                                                                                         | IMORE, MD                                                                                         |                                                            |                        | , on this,                                  |
| Signature                                                                                                  | or June                                                                                     | =, 19 <u> 94</u> .                                                                                                                                      | Title                                                                                             |                                                            | VENUE OF<br>-Ø1-1526   |                                             |

| Form 669 (Rev. 9-83) | Clerk (or             | and proper entry made in, page | Filed this, 19 | Release of Tax Lien | ¥Ģ   | United States | 2135 |
|----------------------|-----------------------|--------------------------------|----------------|---------------------|------|---------------|------|
|                      | Clerk (or Registrar). |                                | day of         |                     | <br> |               |      |

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Form 668

Department of the Treasury - Internal Revenue Service

Trocse / Freestate Title Services, Rainbow Plaza Suite 500-1B P.O. Box 177

(Rev. Sept: 1983)

#### Certificate of Release of Federal Tax Lien

| ·                                          |                                                                                    |                                                                                                                                                      |                                                                 |                                  | Chester, Maryland 21619                                                                                                        |
|--------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| District                                   |                                                                                    | Serial Number                                                                                                                                        | <u>.</u>                                                        |                                  | For Optional Use by Recording Office                                                                                           |
| BALTIM                                     | ORE, MD                                                                            | 52941                                                                                                                                                | 1428                                                            |                                  |                                                                                                                                |
| internal Revenue C<br>additions. Therefore | ode have been sat<br>e, the lien provided<br>proper officer in the<br>, 19, is aut | ed taxpayer, the requirement is fied for the taxes listed to by Code section 6321 for the office where the notice of inthonized to note the books to | pelow and for all sese taxes and addition<br>ternal revenue tax | tatutory<br>ions has<br>lien was | REC<br>CLERK, CI<br>95 JUL 1<br>QUEEN AÞ                                                                                       |
| Name of taxpayer                           |                                                                                    |                                                                                                                                                      |                                                                 |                                  | RECE<br>CLERK, CIRI<br>95 JUL 13                                                                                               |
| Residence                                  | LVIN W. SU                                                                         | LLIVAN                                                                                                                                               |                                                                 |                                  | NE'S                                                                                                                           |
| 2                                          | 03 JOHNNY<br>TEVENSVILL                                                            |                                                                                                                                                      | 39                                                              |                                  | RECEIVED<br>CLERK, CIRCUIT COURT<br>95 JUL 13 AM 9: 41<br>OUEEN ANNE'S COUNTY                                                  |
|                                            |                                                                                    |                                                                                                                                                      |                                                                 |                                  | 17 RT                                                                                                                          |
| Kind of Tax<br>(a)                         | Tax Period<br>Ended<br>(b)                                                         | Identifying Number<br>(c)                                                                                                                            | Date of<br>Assessment<br>(d)                                    | Last Day for<br>Refiling<br>(e)  | Unpaid Balance<br>of Assessment<br>(f)                                                                                         |
| 1040<br>1040                               | 12/31/90<br>12/31/92                                                               | 214-56-1535<br>214-56-1535                                                                                                                           | 05/25/92<br>05/24/93                                            | 06/24/02<br>06/23/03             | 2768.29<br>3973.36<br>REVERSING FER 3.65<br>FURAL 3.65<br>RESI RESI REPROTE 1735<br>SE RESI BIR V 633<br>Jul 130 1335 63343 20 |
| •                                          |                                                                                    |                                                                                                                                                      |                                                                 | ·                                |                                                                                                                                |
| Place of filing                            | <b>_</b>                                                                           | L                                                                                                                                                    | <u> </u>                                                        | <u> </u>                         |                                                                                                                                |
| QUEE                                       | K OF THE C<br>N°ANNE'S C<br>REVILLE, M                                             |                                                                                                                                                      |                                                                 | Total                            | \$ 6741.65                                                                                                                     |
| This certificate was prep                  | pared and signed at                                                                | Salisbury, M                                                                                                                                         | laryland                                                        |                                  | , on this,                                                                                                                     |
| the 7th day of _                           | July                                                                               | , 19 <u>95</u>                                                                                                                                       |                                                                 |                                  |                                                                                                                                |
| Signature                                  | Mm S                                                                               | Sk. De                                                                                                                                               | Title                                                           | ·                                | <del></del>                                                                                                                    |

Ty/Stephen Doherty (NOTE: Certificate of officer authorized by law to take acknowledgements is not essential to the validity of Notice of Federal Tax Ligh Rev. Rul. 71-466, 1971-2 C.B. 409.)

Revenue Officer/Group Manager

ECHIVED FOR REGORD THES. HEREET CERTIFY



Form 668 (Y)

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## Department of the Treasury - Internal Revenue Service

| Rev. October 1993)                                                                    |                                                                                | l YOK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CC 01 FC CC                                                                                  | rai Vax Lien                                    |                                                             |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------|
| District                                                                              |                                                                                | Serial Num                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ber                                                                                          | For O                                           | otional Use by Recording Office                             |
| BAL                                                                                   | LTIMORE, M                                                                     | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5294114                                                                                      | <del>1</del> 39                                 |                                                             |
| Code, we are g<br>have been asso<br>a demand for<br>there is a lien<br>property belon | giving a notice essed against payment of the in favor of the ingling to this t | 121, 6322, and 6323 of that taxes (including the following-named in it remais liability, but it remais liability, and costs that may and costs that may as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | g interest and p<br>laxpayer. We ha<br>nains unpaid. T<br>Il property and<br>unt of these ta | enalties)<br>ave made<br>herefore,<br>rights to | CLECK, CHROUT COURT OLECK, CHROUT COURT OUEEN ANNE'S COUNTY |
| Name of Taxpay                                                                        | WIELLOOF                                                                       | R EQUESTRIAN CE<br>LOUIS GEN PTR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NTER , a Pi                                                                                  | ARTNERSHIP                                      | 0: 50<br>0: 50<br>0: 50                                     |
| GU<br>Tarana mangangan                                                                | UEENSTOWN,                                                                     | The second section is a second | 5                                                                                            | - P                                             |                                                             |
| unless notice of                                                                      | of lien is refiled<br>Iowing such da                                           | ORMATION: For each by the date given in co te, operate as a certific                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | lumn (e), this no                                                                            | tice shall,                                     | :                                                           |
| Kind of Tax<br>(a)                                                                    | Tax Period<br>En <b>d</b> ed<br>(b)                                            | identifying Number<br>(c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date of Assessment (d)                                                                       | Last Day for<br>Refiling<br>(e)                 | Unpaid Balance<br>of Assessment<br>(f)                      |
| 941                                                                                   | 09/30/93                                                                       | 52-1756635                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 01/03/94                                                                                     | Ø2/Ø2/Ø <b>4</b>                                | 1062.72                                                     |
|                                                                                       |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                 | "                                                           |
|                                                                                       |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              | ·                                               |                                                             |
|                                                                                       | <del>-</del> ··· ·                                                             | <u>-</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | , seesaa                                                                                     |                                                 | ·                                                           |
| Place of Filing                                                                       | QUEEN                                                                          | OF THE CIRCUIT<br>ANNE'S COUNTY<br>EVILLE, MD 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | COURT                                                                                        | Tota                                            | 1062.72                                                     |
| This notice was                                                                       | prepared and                                                                   | d signed at <u>BALTI</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MORE, MD                                                                                     |                                                 | , on this,                                                  |
| the <u>23r</u> dday                                                                   | of <u>June</u>                                                                 | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                              |                                                 |                                                             |
| Signature                                                                             | l. Howa                                                                        | yob Ac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Title                                                                                        | MANA6<br>52-Ø1                                  | GER<br>6999                                                 |

PAY OF MECORD THIS Tens 7 E TEN ANNE'S COUNTY, SAFE

422

## Department of the Treasury - Internal Revenue Service

| District  BALTIMORE, MD  Serial Number  For Optional Use by Recording Office  BALTIMORE, MD  S29411413  As provided by sections 6321, 6322, and 6323 of the Internal Revenue Code, we are giving a notice that taxes (Including Interest and penalities) have been assessed against the following-named taxpayer. We have made a demand for payment of this Ilability, but it remains unpaid. Therefore, there is a lien in favor of the United States on all property and rights to property belonging to this taxpayer for the amount of these taxes, and additional penalities, interest, and costs that may accrus.  Name of Taxpayer  WILFORD L TINGLE  TINGLES CONCRETE CONSTRUCTION  Residence PO BOX 312 GRASONVILLE, MD 21638-Ø312  IMPORTANT RELEASE INFORMATION: For each assessment listed below, unless notice of lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a).  Tax Period  Kind of Tax (a)  Tax Period  Identifying Number (b)  Tax Period  Identifying Number (c)  Po 10/27/93  Po 2726-19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| As provided by sections 6321, 6322, and 6323 of the Internal Revenue Code, we are giving a notice that taxes (including interest and penalties) have been assessed against the following-named taxpayer. We have made a demand for payment of this ilability, but it remains unpaid. Therefore, there is a lien in favor of the United States on all property and rights to property belonging to this taxpayer for the amount of these taxes, and additional penalties, interest, and costs that may accrue.  Name of Taxpayer WILFORD L TINGLE TINGLES CONCRETE CONSTRUCTION  Residence PO BOX 312 GRASONVILLE, MD 21638-Ø312  IMPORTANT RELEASE INFORMATION: For each assessment listed below, unless notice of lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a).  Tax Period Ended identifying Number Assessment Refiling (b)  Tax Period Ended identifying Number Assessment (c)  Tax Period Ended identifying Number Assessment (d)  Unpaid Balance of Assessment (f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ice     |
| TINGLES CONCRETE CONSTRUCTION  Residence  PO BOX 312  GRASONVILLE, MD 21638-Ø312  IMPORTANT RELEASE INFORMATION: For each assessment listed below, unless notice of lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a).    Tax Period   Date of   Last Day for   Unpaid Balance of Assessment   Refilling   Of Assessment    10      |
| GRASONVILLE, MD 21638-Ø312  IMPORTANT RELEASE INFORMATION: For each assessment listed below, unless notice of lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a).  Tax Period   Date of   Last Day for   Unpaid Balance   Refiling   Of Assessment   Refiling   Of Assessment   Refiling   Of Assessment   (d)   (e)   (f)   (f) |         |
| unless notice of lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a).    Tax Period   Date of   Last Day for   Unpaid Balance   Refilling   Of Assessment   Refilling   Of Assessment   (d)   (e)   (f)   (f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |
| Kind of Tax Ended Identifying Number Assessment (a) (b) (c) (d) (e) (f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | •       |
| 941 09/30/88 52-0915021 09/27/93 10/27/03 2726.10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _ (<br> |
| 941       Ø3/31/93       52-Ø915Ø21       Ø4/18/94       Ø5/18/Ø4       12996.Ø2         941       Ø6/3Ø/93       52-Ø915Ø21       Ø4/18/94       Ø5/18/Ø4       12896.17         941       Ø9/3Ø/93       52-Ø915Ø21       Ø5/Ø2/94       Ø6/Ø1/Ø4       1636Ø.97         941       12/31/93       52-Ø915Ø21       Ø4/25/94       Ø5/25/Ø4       13994.31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ·—— } } |
| Place of Filing  CLERK OF THE CIRCUIT COURT  QUEEN ANNE'S COUNTY  CENTREVILLE, MD 21617                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (       |
| This notice was prepared and signed at <u>BALTIMORE, MD</u> , on the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | his,    |
| the <u>23r</u> day of <u>June</u> , 19 <u>94</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         |
| Signature Title REVENUE OFFICER 52-Ø1-1528                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (       |

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Form 668 (Y) (Rev. October 1993)

#### Department of the Treasury - Internal Revenue Service

Molice of Federal Tax Lien

| District                                                                         |                                                                                                         | Serial N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | umber                                                                                               |                                                      | For Option  | onal Use by Recording Office                             |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------|----------------------------------------------------------|
| BA                                                                               | ALTIMORE                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 52941:                                                                                              | 1593                                                 |             |                                                          |
| Code, we are have been as a demand fo there is a ile property beloadditional per | e giving a notice sessed against of the payment of the infavor of the conging to this nalties, interest | 321, 6322, and 632 e that taxes (includ<br>t the following-name<br>his liability, but it a<br>ne United States on<br>taxpayer for the ar<br>, and costs that may                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ling interest and<br>ed taxpayer. We ?<br>remains unpaid.<br>I all property and<br>nount of these ? | penalties)<br>nave made<br>Therefore,<br>i rights to |             | RECEIVED<br>CLERK, CIRCUIT COURT<br>91, JUN 30 AM 11: 00 |
| <del></del>                                                                      | ayer WILLIAN                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                      |             | TREELACT<br>SO AM<br>30 AM                               |
|                                                                                  | 12 READ ST.<br>SEAFORD, DE                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                      | ·           | INED<br>OUT COURT<br>AMII: OO                            |
| unless notice<br>on the day fo                                                   | of lien is refiled<br>ollowing such da<br>PRECTS OR:                                                    | ORMATION: For eall by the date given in the date given in the date given in the date of th | column (e), this n<br>tificate of release                                                           | otice shall,<br>as defined                           |             |                                                          |
| Kind of Tax<br>(a)                                                               | Tax Period<br>E <b>nde</b> d<br><i>(b)</i>                                                              | ldentifying Numbo<br>(c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date of Assessment (d)                                                                              | Last Da<br>Refili<br>(e)                             | ng          | Unpaid Balance<br>of Assessment<br>(f)                   |
| 6672                                                                             | 12/31/87                                                                                                | 218-34-923                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4 Ø8/22/88                                                                                          | g9/21/9                                              | 28          | 34596.62                                                 |
|                                                                                  |                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                      |             |                                                          |
| Place of Filing                                                                  | 1                                                                                                       | CLERK OF THE (<br>QUEEN ANNE'S (<br>CENTREVILLE, )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | COUNTY                                                                                              | ₹Т                                                   | Total       | \$ <b>34596.6</b> 2                                      |
| Original                                                                         | Recording                                                                                               | Data: 10:07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1378                                                                                                |                                                      |             | <u> </u>                                                 |
| This notice wa                                                                   | s prepared and                                                                                          | d signed at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | LTIMORE, MD                                                                                         |                                                      |             | , on this,                                               |
| Signature                                                                        | L. Hoam                                                                                                 | all and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Title                                                                                               | Chief,                                               | SPf         |                                                          |
| (NIOTE: Carri                                                                    | finate of officer and                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                      | tradiate at | Matica of Codesal Tay lies                               |

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WILLIAM RIEKEN

42 READ ST. SEAFORD, DE 1997G

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12/31/1987 218-94-9234 08/22/1988 09/21/1998 5572 

34596.62

CLERK OF THE CIRCUIT COURT QUEEN ANNE'S COUNTY CENTREVILLE, DD 21617

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August

Form 668(Z)

Department of the Treasury - Internal Revenue Service

(Rev.8-97)

## **Certificate of Release of Federal Tax Lien**

| District                                                                |                                                                                                                                                    | Serial Nun                       | nber                                                                                |                                           | For U | Jse by Recording Office                                              |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------|-------|----------------------------------------------------------------------|
| DELAMAR                                                                 | E-MARYLAND                                                                                                                                         |                                  | 529411593                                                                           |                                           |       |                                                                      |
| I certify that of the Intern additions. The additions had internal reve | the following-named al Revenue Code had be refere, the Ilen properties been released. The nue tax lien was filed, is authorized to name additions. | ote the books to show            | equirements of sects listed below and a tion 6321 for these the office where the GO | all statutory<br>taxes and<br>e notice of |       | RECEIVED CLERK. CIRCUIT COURT 98 SEP -2 AMII: 20 OUEEN ANNE'S COUNTY |
|                                                                         | SEAFORD, D                                                                                                                                         | E 19973                          |                                                                                     |                                           |       | 0 1                                                                  |
| Liber                                                                   |                                                                                                                                                    | UCC No.                          | Serial                                                                              |                                           |       |                                                                      |
| n/a<br>Kind of Tax<br>(a)                                               | 126 Tax Period Ended (b)                                                                                                                           | n/a<br>Identifying Number<br>(c) | 2138 (1) Date of Assessment (d)                                                     | 378 )<br>Last Da<br>Refili<br><i>(e)</i>  | ng    | Unpaid Balance of Assessment (f)                                     |
| 6672                                                                    | 12/31/1987                                                                                                                                         | 218-34-9234<br>*******           | 09/22/1988<br>******                                                                | 09/21/1                                   |       | 34596.62<br>*******                                                  |
|                                                                         | . '                                                                                                                                                |                                  |                                                                                     |                                           |       |                                                                      |
|                                                                         |                                                                                                                                                    |                                  |                                                                                     |                                           |       |                                                                      |
|                                                                         |                                                                                                                                                    |                                  |                                                                                     |                                           |       |                                                                      |
| Place of Filing                                                         |                                                                                                                                                    |                                  |                                                                                     |                                           |       |                                                                      |
| race of Filling                                                         | QUEEN                                                                                                                                              | OF THE CIRCU<br>ANNE'S COUNT     | Y                                                                                   |                                           | Total | \$<br>34596.62                                                       |
| his notice wa                                                           | as prepared and s                                                                                                                                  | igned atBa1                      | timore, MD                                                                          |                                           |       | , on this,                                                           |
| he <u>21st</u>                                                          | day of <u>August</u>                                                                                                                               | ,1998                            |                                                                                     |                                           |       |                                                                      |
| Signature                                                               | alle                                                                                                                                               |                                  |                                                                                     | ef, SPf                                   |       | Tay lian Rev But 71.466 1971-2 C.B. 409                              |



## Department of the Treasury - Internal Revenue Service

| <b>Form ව</b> ම්ම් - ( Y )<br>(Rev. October 1993)                                    |                                                                                                | Noti                                                                                                                                                                   | ce of Fede                                                                                | ral Tax Li                                      | en          |                                                                        |
|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------|-------------|------------------------------------------------------------------------|
| District                                                                             | J                                                                                              | Serial Num                                                                                                                                                             | ber                                                                                       | Fo                                              | or Optioi   | nal Use by Recording Office                                            |
| ВА                                                                                   | LTIMORE                                                                                        |                                                                                                                                                                        | 529411                                                                                    | 569                                             |             |                                                                        |
| Code, we are have been as a demand for there is a lier property below additional per | giving a notice sessed against payment of the infavor of the onging to this national interest. | 321, 6322, and 6323 or that taxes (including the following-named this liability, but it removed the United States on all taxpayer for the amount and costs that may ac | g interest and p<br>axpayer. We ha<br>ains unpald. T<br>I property and<br>unt of these ta | enalties)<br>ive made<br>herefore,<br>rights to |             | CLERK, CIR<br>94 JUN 30<br>QUEEN AINI                                  |
| Name of Taxpa                                                                        | yer WILLIAN                                                                                    | 1 RIEKEN                                                                                                                                                               |                                                                                           |                                                 |             | RECI<br>C. CIR<br>N 30<br>AIIN                                         |
|                                                                                      | 12 READ ST.<br>SEAFORD, DE                                                                     |                                                                                                                                                                        |                                                                                           |                                                 |             | מחבבא אוואב.s codkilk<br>סחבבא פועכחוו conkil<br>כרבציגי כועכחוו conki |
| unless notice                                                                        | of lien is refiled                                                                             | ORMATION: For each by the date given in colte, operate as a certific IGINAL DATE IN                                                                                    | lumn (e), this no<br>ate of release a                                                     | tice shall,<br>is defined                       |             | URT<br>00                                                              |
| Kind of Tax<br>(a)                                                                   | Tax Period<br>Ended<br>(b)                                                                     | identifying Number (C)                                                                                                                                                 | Date of Assessment (d)                                                                    | Last Day f<br>Refiling<br>(e)                   | or          | Unpaid Balance of Assessment (f)                                       |
| 741                                                                                  | 12/31/87                                                                                       | 218-34-9234                                                                                                                                                            | Ø8/22/88                                                                                  | Ø9/21/98                                        |             | 34596.62                                                               |
|                                                                                      |                                                                                                |                                                                                                                                                                        |                                                                                           |                                                 |             |                                                                        |
|                                                                                      |                                                                                                |                                                                                                                                                                        |                                                                                           |                                                 |             |                                                                        |
|                                                                                      |                                                                                                | -                                                                                                                                                                      |                                                                                           |                                                 |             |                                                                        |
| Place of Filing                                                                      | (                                                                                              | CLERK OF THE CI<br>QUEEN ANNE'S CO<br>CENTREVILLE, MD                                                                                                                  | UNTY                                                                                      |                                                 | Total       | \$ 34596.62                                                            |
| Original                                                                             | Recording                                                                                      | Data: 1<br>2:39 74                                                                                                                                                     | 1301                                                                                      |                                                 |             |                                                                        |
| This notice wa                                                                       | is prepared and                                                                                | d signed atBALT                                                                                                                                                        | IMORE, MD.                                                                                |                                                 |             | , on this                                                              |
| the 27th da                                                                          | y of June                                                                                      | , 7 <b>9</b>                                                                                                                                                           |                                                                                           |                                                 |             |                                                                        |
| Signature                                                                            | L. Hours                                                                                       | uks.                                                                                                                                                                   | Title                                                                                     | Chief, S                                        | Pf          |                                                                        |
| (MOTE: Certi                                                                         | ficate of officer aut                                                                          | horized by law to take ackno                                                                                                                                           | wledgments is not                                                                         | essential to the va                             | lidity of i | Notice of Federal Tax lien                                             |

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WILLIAM RIEKEN

42 READ ST. SEAFORD, DE 19973 -

COURT RECORDING INFORMATION:

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UCC No. E .73

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218-34-9234 08/22/1988 09/21/1998  $\mathbb{S} \nabla \phi \otimes$ 12/31/1987 

34596,62

CLERK OF THE CIRCUIT COURT GUEEN ANNE'S COUNTY \_ CENTREVILLE, ND 21617 .

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1998 August

Chief, SPf

Department of the Treasury - Internal Revenue Service

(Rev.8-97)

# Certificate of Release of Federal Tax Lien

|                                                                         |                                                                                                                                          |                                                                                              |                                                                                                   | OI I Caci             |         |                                                                      |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------|---------|----------------------------------------------------------------------|
| District                                                                |                                                                                                                                          | Serial Nun                                                                                   | nber                                                                                              | -                     | For Us  | se by Recording Office                                               |
| DELAWAR                                                                 | E-MARYLAND                                                                                                                               |                                                                                              | 529411569                                                                                         |                       |         |                                                                      |
| I certify that of the Intern additions. The additions had internal reve | the following-named al Revenue Code had rerefore, the lien point been released. The nue tax lien was filed authorized to read additions. | taxpayer, under the reas satisfied the taxes rovided by Code seche proper officer in the don | equirements of sect<br>Ilsted below and a<br>tion 6321 for these<br>the office where th<br>rie 30 | taxes and e notice of |         | RECEIVED CLERK, CIRCUIT COURT 98 SEP -2 AHII: 20 QUEEN ANNE'S COUNTY |
| Residence                                                               | 42 READ ST<br>SEAFORD, D                                                                                                                 |                                                                                              |                                                                                                   |                       |         | 178<br>178                                                           |
| COURT P                                                                 | ECORDING INF                                                                                                                             |                                                                                              | :                                                                                                 |                       |         |                                                                      |
| Liber                                                                   |                                                                                                                                          | UCC No.                                                                                      | Serial i                                                                                          | No.                   |         |                                                                      |
| <u>n/a</u>                                                              | 126                                                                                                                                      | n/a_                                                                                         | 2139<br>Date of                                                                                   | Last Day              | for     | Unpaid Balance of                                                    |
| KInd of Tax<br>(a)                                                      | Tax Period Ended (b)                                                                                                                     | IdentifyIng Number<br>(c)                                                                    | Assessment (d)                                                                                    | Refilin<br>(e)        |         | Assessment (f)                                                       |
| 6672<br>*****                                                           | 12/31/1987                                                                                                                               | 218-34-9234<br>>******                                                                       | 08/22/1988<br>********                                                                            |                       |         | 34596.62                                                             |
| Place of Filing                                                         | 1                                                                                                                                        |                                                                                              |                                                                                                   | l                     |         |                                                                      |
|                                                                         | QUEEN                                                                                                                                    | OF THE CIRCU<br>ANNE'S COUNT<br>EVILLE, MD 21                                                | Υ                                                                                                 |                       | Total   | \$<br>34596.62                                                       |
|                                                                         | as prepared and s                                                                                                                        | igned atBal_<br>,1998                                                                        | timore, MD                                                                                        |                       |         | , on this,                                                           |
| Signature                                                               | ( alle                                                                                                                                   |                                                                                              | Title<br>Ch i                                                                                     | ef; SPf               | 45-1-17 | ev lien Rev Bul 71,466 1971-2 C.R. 409)                              |

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Lien # 2140

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Department of the Treasury - Internal Revenue Service

Notice of Federal Tax Lien

(Rev. October 1993) District For Optional Use by Recording Office Serial Number BALTIMORE, MD 529412109 As provided by sections 6321, 6322, and 6323 of the Internal Revenue Code, we are giving a notice that taxes (including interest and penalties) INEEN AHRE'S COUNT have been assessed against the following-named taxpayor. We have made a demand for payment of this liability, but it remains unpaid. Therefore. there is a lien in favor of the United States on all property and rights to property belonging to this taxpayer for the amount of these taxes, and additional penalties, interest, and costs that may accrue. Name of Taxpayer QUEEN ANN TITLE CORPORATION 7 A CORPORATION Residence 1003 THOMPSON CREEK BOS PARK STEVENSVILLE, MD 21666-2519 IMPORTANT RELEASE INFORMATION: For each assessment listed below. unless notice of lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a). Tax Period Last Day for Date of : Unpaid Balance Kind of Tax Ended Identifying Number Assessment Refiling of Assessment (a) (b) (c) (d) (e) (f) 941 Ø3/31/91 52-1520917. 06/27/94 07/27/04 2339.87 941 06/30/91 52-1520917 Ø6/27/94 07/27/04 1590.31 941 09/30/91 52-1520917 06/27/94 07/27/04 1208.19 941 12/31/91 52-1520917 06/27/94 Ø7/27/Ø4 483.16 941 Ø3/31/92 52-1520917 06/27/94 07/27/04 2738.55 941 06/30/92 52-1520947 Ø6/27/94 07/27/04 2149.81 941 09/30/92 52-1520917 Ø6/27/94 07/27/04 1486.26 Place of Filing CLERK OF THE CIRCUIT COURT Total QUEEN ANNE'S COUNTY 11996.15 MD CENTREVILLE 21617 This notice was prepared and signed at \_\_BALTIMORE, MD\_ , on this, the 06t hday of July, 19 94. Signature Title REVENUE OFFICER 52-Ø1-1528

Form 668 (Y) (Rev. 10-93)

SIH CECTORD BOOK F (ECEIYED) FOR RECORD THIS . NO WAG LUEEN ANNE'S COUNTY, SAGE I HEREBY CERTURY FELLO

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Lien # 2141

Ø Department of the Treasury - Internal Revenue Service Form 668 (Y) Motice of Federal Tax Lien (Rev. October 1993) For Optional Use by Recording Office Serial Number District 529412244 BALTIMORE, MD As provided by sections 6321, 6322, and 6323 of the internal Revenue Code, we are giving a notice that taxes (including interest and penalties) have been assessed against the following-named taxpayer. We have made a demand for payment of this liability, but it remains unpaid. Therefore, there is a lien in favor of the United States on all property and rights to property belonging to this taxpayer for the amount of these taxes, and additional penalties, interest, and costs that may accrue. Name of Taxpayer THOMAS H PRICKETT Residence 810 RABBIT HILL ROAD CHURCH HILL, MD 21623-9801 IMPORTANT RELEASE INFORMATION: For each assessment listed below, unless notice of lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a). Tax Period Last Day for Unpaid Balance Date of . Kind of Tax Ended Identifying Number Refiling of Assessment Assessment (f)(a) (b) (c) (d) : (e) 12/31/92 212-70-2360 Ø673Ø7Ø3 1739.33 1040 Ø5/31/93 Place of Filing CLERK OF THE CIRCUIT COURT Total QUEEN ANNE'S COUNTY 1739.33 CENTREVILLE, MD 21617 BALTIMORE, MD This notice was prepared and signed at \_ . on this.

ACS

July . . . 19\_\_

<u>ØBt</u>hday of \_\_\_\_

Signature

Title

MANAGER

52-Ø1-6999

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Form 668 (Z)

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Department of the Treasury - Internal Revenue Service

Certificate of Release of Federal Tax Lien

| (Rev. 5-94)                                                                                    |                                                                                                                            | Certificate                                                                                                    | of Release                                                                         | of Feder                                            | ral Ta | ix Lien                                    |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------|--------|--------------------------------------------|
| District                                                                                       |                                                                                                                            | Serial Numb                                                                                                    | ber                                                                                |                                                     | For l  | Jse by Recording Office                    |
| Fi.4                                                                                           | ALTIMORE, M                                                                                                                | 4D                                                                                                             | 529412:                                                                            | 244                                                 |        |                                            |
| i certify that as<br>of the Internal<br>all statutory ad<br>taxes and addi<br>notice of Intern | to the following-<br>Revenue Code had tons. Therefore the tons has been and revenue tax lies authorized to me to the tons. | name taxpayer, the requience to the learn satisfied for the e, the lien provided by Creleased. The proper offi | Irements of section taxes listed belocode section 6321 licer in the office July 14 | on 6325 (a)<br>ow and for<br>for these<br>where the |        | CLERK, CIRCUIT COURT<br>95 APR -4 AM 9: 17 |
| Name of Taxpa                                                                                  | <sup>yer</sup> THOMAS H                                                                                                    | PRICKETT                                                                                                       | <del></del>                                                                        |                                                     |        | AM 9:                                      |
|                                                                                                | 310 RABBIT<br>CHURCH HILL                                                                                                  |                                                                                                                | 01                                                                                 |                                                     | -      | COURT<br>9: 17<br>COUNTY                   |
| Liber                                                                                          | ORDING INFO                                                                                                                | UCC No.                                                                                                        | Serial No                                                                          |                                                     |        |                                            |
| Kind of Tax (a)                                                                                | 126 Tax Perlod Ended (b)                                                                                                   | n/a IdentifyIng Number (c)                                                                                     | Date of Assessment (d)                                                             | Last Day<br>Refilin<br>(e)                          |        | Unpaid Balance<br>of Assessment<br>(f)     |
|                                                                                                | 12/31/92<br>*******                                                                                                        | 212-70-2360<br>********                                                                                        | 05/31/93<br>*******                                                                | 06/30/0<br>******                                   |        | 1739.33<br>*********                       |
| Place of Filing                                                                                | QUEEN                                                                                                                      | OF THE CIRCUIT<br>ANNE'S COUNTY<br>EVILLE, MD 21                                                               | COURT                                                                              | ,<br>                                               | Total  | \$<br>1739.33                              |
| This notice was                                                                                |                                                                                                                            | gned atBALTI                                                                                                   | MORE, MD                                                                           |                                                     |        | , on this,                                 |
| Signature                                                                                      | Ollans<br>Ollans                                                                                                           |                                                                                                                | Title                                                                              | Chief, S                                            | SP:f   |                                            |

Sullivan, alvin Wesley Be Sullivan Contractor

HER 15/17713 126 PAY OF JULY 9 94 AT 10:57 A HIS LEGILAD TON LEGILLA TOLAD Queen annes county, ste. AND RECORDED BY



Department of the Treasury - Internal Revenue Service 256 Form 668- (Y)-Motice of Federal Tax Lien (Rev. October 1993) For Optional Use by Recording Office District Serial Number BALTIMORE, MD 529413102 As provided by sections 6321, 6322, and 6323 of the internal Revenue Code, we are giving a notice that taxes (including interest and penalties) have been assessed against the following-named taxpayor. We have made a demand for payment of this Hability, but it remains unpaid. Therefore, QUEEN AMIE'S COUNT there is a ilen in favor of the United States on all property and rights to property belonging to this taxpayer for the amount of these taxes, and additional penalties, interest, and costs that may accrue. Name of Taxpayer ALVIN WESLEY SULLIVAN BO SULLIVAN CONTRACTOR Residence 203 JOHNNY LN STEVENSVILLE, MD 21666-2239 IMPORTANT RELEASE INFORMATION: For each assessment listed below. unless notice of lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined Tax Period Last Day for Unpaid Balance Daig of 3 , Relling Kind of Tax of Assessment Ended identifying Number Assessment (a) (b) (c) (d) (e) (f)**Ø8/Ø**5/97 170.92 940 12/31/86 52-1280541 Ø7/Ø6/87 03/01/99 940 12/31/86 52-1280541 Ø1/3Ø/89 Place of Filing CLERK OF THE CIRCUIT COURT Tatal 170.92 QUEEN ANNE'S COUNTY MD 21617 CENTREVILLE, This notice was prepared and signed at \_\_BALTIMORE, MD the \_\_\_21stday of \_\_\_\_\_July\_\_\_\_\_, 19\_\_\_94 . Title Signature REVENUE OFFICER 52-Ø1-1526 for

| 30 To 2 | Form <u>668</u> (Rev. 9-83) |                       | and proper entry made in | Notices     | D              |                                       |
|---------|-----------------------------|-----------------------|--------------------------|-------------|----------------|---------------------------------------|
| ·       |                             | Clerk (or             | ade in, page             |             | Se of Tax Lien | S/42 United States                    |
| ·       |                             | Clerk (or Registrar). | May or                   | <u>.</u> II |                | · · · · · · · · · · · · · · · · · · · |

Form 668.

Department of the Treasury - Internal Revenue Service

Trocse / Freestate Title Services, Inc.

(Rev. Sept. 1983)

Signature

Stephen Doherty

# Certificate of Release of Federal Tax Lien

| Rainbow  | Plaza Suite | 500-1B |
|----------|-------------|--------|
| P.O. Box | 177         |        |
| Chester, | Maryland 2  | 1619   |

| District                                                        | <u> </u>                                                                                | Serial Number                                                                                                                                                   |                                                              |                                       | For Optional Use by Recording Office                                                                                                            |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| BALTIMORE                                                       | , MD                                                                                    | 529413                                                                                                                                                          | 3102                                                         |                                       |                                                                                                                                                 |
| Internal Revenue (<br>additions, Therefor<br>been released, The | Code have been sat<br>re, the lien provided<br>proper officer in the<br>25, 1994 is aut | ed taxpayer, the requirement<br>isfied for the taxes listed by<br>by Code section 6321 for the<br>office where the notice of in<br>horized to note the books to | pelow and for all sese taxes and additing ternal revenue tax | tatutory<br>ons has<br>lien was       | RECEIVED<br>CLERK, CIRCUIT COURT<br>95 JUL 13 AM 9: 41<br>QUEEN ANNE'S COUNTY                                                                   |
|                                                                 | LVIN WESLEY<br>O SULLIVAN                                                               |                                                                                                                                                                 |                                                              |                                       | RECEIVED<br>CIRCUIT<br>13 AM<br>ANNE'S C                                                                                                        |
|                                                                 | 03 JOHNNY L<br>TEVENSVILLE                                                              |                                                                                                                                                                 | 39                                                           |                                       | VED<br>UIT COURT<br>AM 9: 4.1<br>.''S COUNTY                                                                                                    |
|                                                                 |                                                                                         |                                                                                                                                                                 |                                                              |                                       |                                                                                                                                                 |
| Kind of Tax<br>(a)                                              | Tax Period<br>Ended<br>(b)                                                              | Identifying Number<br>(c)                                                                                                                                       | Date of Assessment (d)                                       | Last Day for<br>Refiling<br>(e)       | Unpaid Balance<br>of Assessment<br>(f)                                                                                                          |
| 940<br>940                                                      | 12/31/86<br>12/31/86                                                                    | 52-1280541<br>52-1280541                                                                                                                                        | 07/06/87<br>01/30/89                                         | 08/05/97<br>03/01/99                  | 170,92                                                                                                                                          |
|                                                                 |                                                                                         |                                                                                                                                                                 |                                                              |                                       | RECOUNT FOR SAND<br>NAME SAND<br>HEST VALL MORE OF THE<br>THE LIFE SAND SAND SAND SAND SAND<br>THE LIFE SAND SAND SAND SAND SAND SAND SAND SAND |
|                                                                 |                                                                                         |                                                                                                                                                                 |                                                              |                                       |                                                                                                                                                 |
| Place of filing                                                 | <u> </u>                                                                                |                                                                                                                                                                 |                                                              |                                       |                                                                                                                                                 |
| QU:                                                             | EEN ANNE'S                                                                              | CIRCUIT COURT COUNTY MD ( 21617 _                                                                                                                               |                                                              | Total                                 | \$ 170.92                                                                                                                                       |
| This certificate was pre                                        | pared and signed at                                                                     | Salisbury,                                                                                                                                                      | Maryland                                                     | · · · · · · · · · · · · · · · · · · · | , on this,                                                                                                                                      |
| the 7th day of                                                  | July                                                                                    | 19 95                                                                                                                                                           | ,                                                            |                                       |                                                                                                                                                 |

(NOTE: Certificate of officer authorized by law to take acknowledgements is not essential to the validity of Notice of Federal Tax Lien Rev. Rul. 71-466, 1971-2 C.B. 409.)

Title

Group Manager

Form **668**.

(Rev. Sept. 1983)

Department of the Treasury - Internal Revenue Service

Trocse / Freestate Title Services, Inc. Certificate of Release of Federal Tax LieRainbow Plaza Suite 500-1B P.O. Box 177 Chester, Maryland 21619

|          | <br> |               |
|----------|------|---------------|
| District |      | Serial Number |

BALTIMORE, MD

529411425

For Optional Use by Recording Office

I certify that as to the following-named taxpayer, the requirements of section 6325(a) of the Internal Revenue Code have been satisfied for the taxes listed below and for all statutory additions. Therefore, the lien provided by Code section 6321 for these taxes and additions has been released. The proper officer in the office where the notice of internal revenue tax lien was filed on June 193, 19, is authorized to note the books to show the release of this lien for these taxes and additions.

Name of taxpayer

ALVIN WESLEY SULLIVAN BO SULLIVAN CONTRACTOR

Residence

203 JOHNNY LN

STEVENSVILLE, MD 21666-2239 - QUEEN ANNE'S COUNTY

| Kind of Tax<br>(a) | Tax Period<br>Ended<br>(b) | Identifying Number | Date of<br>Assessment<br>(d) | Last Day for<br>Refiling<br>(e) |
|--------------------|----------------------------|--------------------|------------------------------|---------------------------------|
| 0/0                | 12/21/86                   | E2 12905/1         | 07/06/87                     | 00/05/0                         |

| Kind of Tax                             | Tax Period<br>Ended<br>(b) | Identifying Number<br>(c) | Date of<br>Assessment<br>(d) | Last Day for<br>Refiling<br>(e) | Unpaid Balance<br>of Assessment<br>(f)                                                     |
|-----------------------------------------|----------------------------|---------------------------|------------------------------|---------------------------------|--------------------------------------------------------------------------------------------|
| 940<br>940                              | 12/31/86 12/31/86          | 52-1280541<br>.52-1280541 | 07/06/87<br>01/30/89         | 08/05/97<br>03/01/99            | 170.92                                                                                     |
| · · · · · - · · · · · · · · · · · · · · |                            |                           |                              |                                 | aelikulku fee oo<br>fulki soo<br>food wat food<br>on hol olk v soo<br>jul 150 1335 dibbe o |
|                                         |                            |                           |                              |                                 |                                                                                            |

QUEEN ANNE'S COUNTY CENTREVILLE, MD 21617

| This certificate was prepared and signed atSa | lisbu <b>y</b> y, Maryland | , on this, |
|-----------------------------------------------|----------------------------|------------|
| the                                           | <u>95</u>                  |            |
| Stephen Doherty                               | Title                      |            |
| Stephen Doherty                               | Group Manager              |            |

(NOTE: Certificate of officer authorized by law to take acknowledgements is not essential to the validity of Notice of Federal Tax Lien Rev. Rul. 71-466, 1971-2 C.B. 409.)

ton, John S., Jr.

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# Department of the Treasury - Internal Revenue Service

| F <b>orm 65</b> 8 (Y)<br>Rev. October 1993)                                                      | 442                                                                                                                         | Moti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ce of Fede                                                                                  | ral Tax Li                                                 | en             |                                                        |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------|--------------------------------------------------------|
| District                                                                                         | •                                                                                                                           | Serial Num                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ber                                                                                         | <u> </u>                                                   | or Option      | nal Use by Recording Office                            |
| As provided Code, we are have been as a demand for there is a lier property being additional per | giving a notice sessed against payment of the line favor of the line favor of the line factorial to this malties, interest. | D 321, 6322, and 6323 of that taxes (including the following-named this liability, but it removed the United States on all taxpayer for the amount and costs that may according to the second to the second taxpayer for the s | j interest and p<br>taxpayer. We ha<br>tains unpaid. T<br>i property and<br>unt of these ta | Revenue<br>cenalties)<br>ve made<br>herefore,<br>rights to |                | RECE<br>CLERK CIR<br>OLERK CIR                         |
|                                                                                                  | 2Ø6 LIBERT                                                                                                                  | and the second s |                                                                                             |                                                            |                | RECEIVED<br>CLERK CIRCUIT COURT<br>CLERK CIRCUIT COURT |
| IMPORTANT<br>unless notice                                                                       | of lien is refiled<br>blowing such da                                                                                       | ORMATION: For each by the date given in co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | lumn (e), this no                                                                           | tice shall,                                                |                |                                                        |
| Kind of Tax (a)                                                                                  | Tax Period<br>Ended<br>(b)                                                                                                  | identifying Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Date of Assessment (d)                                                                      | Last Day<br>Refiling<br>(e)                                |                | Unpaid Balance of Assessment (f)                       |
| .1040<br>1040<br>1040                                                                            | 12/31/88<br>12/31/92<br>12/31/93                                                                                            | 182-18-6093<br>182-18-6093<br>182-18-6093                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Ø7/29/91<br>12/Ø6/93<br>Ø6/Ø6/94                                                            | Ø8/28/Ø<br>Ø1/Ø5/Ø<br>Ø7/Ø6/Ø                              | 4              | 42810.25<br>7839.66<br>7839.66                         |
|                                                                                                  | -                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |                                                            |                |                                                        |
| Place of Filing                                                                                  | CLERK<br>QUEEN                                                                                                              | OF THE CIRCUIT<br>ANNE'S COUNTY<br>EVILLE, MD 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | COURT                                                                                       |                                                            | Total          | \$ 58489.57                                            |
| This notice wa                                                                                   | s prepared an                                                                                                               | d signed at <u>BALTI</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MORE, MD                                                                                    |                                                            |                | , on this,                                             |
|                                                                                                  | y of July                                                                                                                   | / , 19 <u></u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                             |                                                            |                |                                                        |
| Signature for                                                                                    | L. Hagia                                                                                                                    | ndl'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Title                                                                                       |                                                            | VENUE<br>-Ø1-1 | OFFICER<br>913                                         |

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Form 668 (Z)

(Rev. 10-2000)

1008

Department of the Treasury - Internal Revenue Service

# Certificate of Release of Federal Tax Lien

For Use by Recording Office Serial Number Area: WAGE & INVESTMENT AREA #2 Lien Unit Phone: (410) 962-1871 529412932 I certify that the following-named taxpayer, under the requirements of section 6325 (a) of the Internal Revenue Code has satisfied the taxes listed below and all statutory additions. Therefore, the lien provided by Code section 6321 for these taxes and additions has been released. The proper officer in the office where the notice of QUEEN ANNE'S COUNTY internal revenue tax lien was filed on July 25 1994 , is authorized to note the books to show the release of this lien for these taxes and additions. Name of Taxpayer JOHN S BRAXTON JR Residence 3-206\_LIBERTY\_HTS\_AVE BALTIMORE, MD 21215-7450 COURT RECORDING INFORMATION: UCC No. Liber Serial No. Page 126 1 n/a 02143 Last Day for Refiling Tax Period Unpaid Balance Date of Kind of Tax Ending Identifying Number Assessment of Assessment (a) (b) (c) (d)(e) (f) 1040 12/31/1988 182-18-6093 07/29/1991 08/28/2001 42810.25 1040 12/31/1992 182-18-6093 12/06/1993 01/05/2004 7839.66 12/31/1993 7839.66 1040 182-18-6093 06/06/1994 07/06/2004 Place of Filing CLERK OF THE CIRCUIT COURT Ś QUEEN ANNE'S COUNTY Total 58489.57 CENTREVILLE, MD 21617 Baltimore, MD This notice was prepared and signed at 2004 10th day of March the Title Compliance Technical Support Signature Manager

Laward & Rang, De

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Form 668

427

## Department of the Treasury - Internal Revenue Service

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| Rev. October 1993)                                                 |                                                                                            | ושנא                                                                                                                                                                 | .168 01 6806                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | RIGHT NOT LIGHT                                  | ,                                                                        |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------|
| istrict                                                            |                                                                                            | Serial Nur                                                                                                                                                           | mber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | For Opti                                         | onal Use by Recording Office                                             |
| Б                                                                  | ALTIMORE, 1                                                                                | MII                                                                                                                                                                  | 529413                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 715                                              |                                                                          |
| Code, we are have been as a demand fo there is a lie property beto | e giving a notic<br>sessed against<br>r payment of t<br>n in favor of th<br>onging to this | 321, 6322, and 6323 to that taxes (includired the following-named his liability, but it reduced the United States on taxpayer for the amount of the costs that may a | ng Interest and place to the first term of the first term of these tables to the second count of these tables to the second count of the second co | penalties)<br>ave made<br>herefore,<br>rights to | CLEAK,<br>OUEEN /                                                        |
| ame of Taxpa                                                       | ayer EDWARD                                                                                | & LAWRENCE PAR                                                                                                                                                       | RRY PTR , a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PARTNERSHIP                                      | -¢<br>CIRON<br>CIRON                                                     |
|                                                                    | 1020 WHITE<br>CENTREVILL                                                                   |                                                                                                                                                                      | <b>300</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  | RECEIVED COURT RECEIVED COURT OF AN AUG -4 AM IO: 27 OUEEN ANVE'S COUNTY |
| unless notice                                                      | of lien is refiled<br>ollowing such da<br>a).                                              | ORMATION: For each<br>by the date given in cate, operate as a certif                                                                                                 | olumn (e), this no<br>icate of release a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | otice shall,<br>as defined                       |                                                                          |
| Kind of Tax<br>(a)                                                 | Tax Period<br>Ended<br><i>(b)</i>                                                          | identifying Number<br>(c)                                                                                                                                            | Date of Assessment (d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Last Day for<br>Refiling<br>(e)                  | Unpaid Balance<br>of Assessment<br>(f)                                   |
| 943<br>943                                                         | 12/31/91<br>12/31/93                                                                       | 23-15219Ø9<br>23-15219Ø9                                                                                                                                             | Ø1/Ø3/94<br>Ø3/21/94                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Ø2/Ø2/Ø4<br>Ø4/2Ø/Ø4                             | 15255.28<br>10177.50                                                     |
|                                                                    |                                                                                            |                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  | ·                                                                        |
|                                                                    |                                                                                            | ·                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                                                          |
|                                                                    |                                                                                            |                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                                                          |
| ace of Filing                                                      | CLERK<br>QUEEN                                                                             | OF THE CIRCUIT<br>ANNE'S COUNTY<br>EVILLE, MD 2:                                                                                                                     | Γ COURT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Total                                            | \$ 25432.78                                                              |
| is notice wa                                                       | s prepared and                                                                             | d signed atBALTI                                                                                                                                                     | IMORE, MD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                  | , on this                                                                |
| e da                                                               | y of                                                                                       | ust , 19 <u>74</u> .                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                                                          |
| gnature<br>for                                                     | L. Harris                                                                                  | ed.                                                                                                                                                                  | Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | REVENUI<br>52-Ø1-                                | OFFICER                                                                  |
| (NOTE: Cartil                                                      | ficate of officer auth                                                                     | orized by law to take ackno                                                                                                                                          | owledaments is not a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ssential to the validity of                      | Notice of Federal Toy lies                                               |

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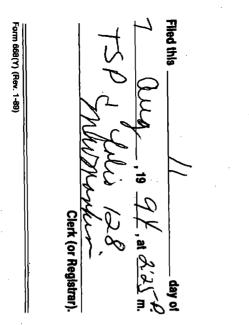
Form 668 (Z)

O

Department of the Treesury - Internal Revenue Service

# Certificate of Release of Federal Tax Lien

| District                                                                                       |                                                                                                        | Serial Numi                                                                                           | oer                                                                         |                                                     | For l | Jae by Recording Office                                |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------|-------|--------------------------------------------------------|
| T) A                                                                                           | V TIMODE W                                                                                             | 17.                                                                                                   | E204175                                                                     | 716                                                 | ,     | ,                                                      |
| i certify that as<br>of the internal<br>all statutory ad<br>texes and addi<br>notice of intern | Rsysnue Cods hi<br>Iditions. Thersfor<br>Itions has béen r<br>nai rsysnus tax lie<br>n authorized to m | name taxpeyer, the requieves bash satisfied for the e, the lish provided by Celeesed. The proper offi | e taxes listed belo<br>Code section 6321<br>Icer in the offics<br>August 04 | on 6325 (a)<br>ow and for<br>for thess<br>where the |       | RECE<br>CLERK, CIRC<br>95 JUN -7<br>QUEEN ANNE         |
| Name of Taxpa                                                                                  | ye <sub>EDWARD &amp;</sub>                                                                             | LAWRENCE PARRY                                                                                        | PTR , a PA                                                                  | ARTNERSH                                            | IP    | RECEIVED<br>CLERK, CIRCUIT<br>95 JUN -7 AM             |
|                                                                                                | .020 WHITE<br>CENTREVILLE                                                                              |                                                                                                       | 00                                                                          |                                                     |       | RECEIVED<br>CLERK, CIRCUIT COURT<br>95 JUN -7 AM 9: 14 |
| COURT RECO<br>Liber<br>tsp1                                                                    | DRDING INFO<br>Page<br>126                                                                             | RMATION:<br>UCC No.<br>n/a                                                                            | Serial No.<br>2144                                                          | •                                                   |       |                                                        |
| Kind of Tax<br>(a)                                                                             | Tax Period<br>Ended<br>(b)                                                                             | Identifying Number<br>(c)                                                                             | Date of Assessment (d)                                                      | Last Da<br>Reflil<br><i>(e)</i>                     | ng    | Unpaid Balance<br>of Assessment<br>(f)                 |
| 943<br>943<br>*****                                                                            | 12/31/91<br>12/31/93<br>******                                                                         | 23-1521909<br>23-1521909<br>*******                                                                   | 01/03/94<br>03/21/94<br>******                                              | 02/02/<br>04/20/<br>*****                           | 04    | 15255.28<br>10177.50<br>*******                        |
|                                                                                                | ·                                                                                                      |                                                                                                       |                                                                             |                                                     |       |                                                        |
| Place of Filing                                                                                | QUEEN                                                                                                  | OF THE CIRCUIT<br>ANNE'S COUNTY<br>VILLE, MD 210                                                      |                                                                             |                                                     | Total | \$<br>25432.78                                         |
|                                                                                                | prepared and si                                                                                        | gned atBALTIt<br>, 19 <u>75</u>                                                                       |                                                                             |                                                     |       | , on this,                                             |
| Signature                                                                                      | Iller                                                                                                  |                                                                                                       | Title                                                                       | Chief, S                                            | SPf   |                                                        |



Ö Ō

United States

### **Excerpts From Internal Revenue Code**

Sec. 6321. Lien For Taxes.

If any person liable to pay any tax neglects or refuses to pay the eame after demand, the amount (including eny interest, additional emount, addition to tax, or assessable penalty, together with eny costs that may accrue in addition thereto) shell be a lien in tevor of the Unifed States upon ell property and rights to property, whether real or personal, belonging to euch person.

Sec. 6322. Period Of Lien.

Unless another date is specifically fixed by law, the lien Imposed by section 6321 shall arise at the time the assessment Is made and shall continue until the liability for the amount so eesessed (or a judgment against the taxpayer arising out of such liebility) is satisfied or becomes unenforceable by reason

Sec. 6323. Validity and Priority Against Certain Persons.

(a) Purchaser's, Holders Of Security Interests, Mechanic's Lienors, And Judgment Lien Creditors. — The lien imposed by section 6321 shelf not be valid as against any purchaser, holder ot e security Interest, mechanic's lienor, or judgment lien creditor until notice thereof which meets the requirements of subsection (f) has been filed by the Secretary.

### (f) Place For Filling Notice; Form.—

(1) Place For Filling - The notice referred to in subsection (e) shall be filed -

(A) Under State Laws

(i) Real Property - in the case of real property, in one office within the State (or the county, or other governmental subdivision), as designated by the laws of such State, in which the property subject to the lien is situated; and

(II) Personal Property - In the case of personal property, whether tangible or intangible, in one office within the State (or the county, or other governmental eubdivision), es designated by the laws of euch State, in which the property subject to the ilen is situated;

(B) With Clerk Of District Court - In the office of the clerk of the United States district court for the judicial district in which the property subject to lien is situated, whenever the State has not by law designated one office which meets the requirements of eubparagraph (A), or

(C) With Recorder Of Deeds Of The District Of Columbia - In the office of the Recorder of Deeds of the District of Columbia, If the property subject to the lien is eltuated in the District of

(2) Situs Of Property Subject To Lien - For purposes of peregraphe (1) and (4), property shell be deemed to be situated -

(A) Real Property - In the case of real property, at its physical location, or

(B) Personal Property - In the case of personal property, whether tangible or intangible, at the residence of the taxpayer at the time the notice of lien is filed.

For purposes of paragreph (2) (B), the residence of a corporation or partnership shall be deemed to be the place at which the principal executive office of the business is located, and the residence of a taxpayer whose residence is without the United States shall be deemed to be in the District of Columbia.

,(3) Form - The form and content of the notice referred to in subsection (a) shall be prescribed by the Secretary. Such notice shall be valid notwithstanding any other provision of law regarding the form or content of a notice of lien.

Note: See section 6323(b) for protection for certain interests even though notice of lien imposed by section 6321 is filed with respect to: \ 3-1-12

- Securities
- Motor vehicles



(g) Refiling Of Notice. — For purposes of this

(1) General Rule. - Unless notice of lien is reflied in the manner prescribed in paragraph (2) during the required refilling period, such notice of lien shall be treated as filed on the date on which it is filed (in accordance with subsection (f)) after the expiration of euch refiling period.

(2) Place For Filing. — A notice of flen reflied during the required reflling period shall be effective only

(A) If -

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(i) euch notice of lien le reflied in the office in which the prior notice of lien wee filed, end

(II) in the case of real property, the fact of refiling le entered and recorded in an index to the extent required by eubsection (f) (4), end

(B) In any case in which, 90 days or more prior to the date of e refiling of notice of tien under eubperagraph (A), the

Secretary received written information (in the manner prescribed in regulations issued by the Secretary) concerning a change in the taxpeyer's residence, if a notice of such lien is also filed in eccordance with subsection (f) in the State in which such residence is located.

(3) Required Refiling Period. — In the case of any notice of lien, the term "required refiling period" means -(A) the one-year period ending 30 days after the expiration of 6 years after the date of the assessment of the tax, and (B) the one-year period ending with the expiration of 6 years after the close of the preceding required refiling period for such notice of lien.

6325 Release Of Lien Or Sec. Discharge Of Property.

- (a) Release Ot Lien. Subject to such regulations as the Secretary may prescribe, the Secretary shall Issue a certificate of release of any lien imposed with respect to any internal revenue tax not later than 30 deys after the day on which -
- (1) Liability Satisfied or Unenforceable -. The Secretary finds that the ilability for the amount assessed, together with all interest in respect thereof, has been fully eatisfied or has become legelly unenforceable; or
- (2) Bond Accepted There is furnished to the Secretary and accepted by him a bond that is conditioned upon the payment of the amount assessed, together with all interest in respect thereof, within the time prescribed by law (including any extension of such time), end that is in accordance with such requirements relating to terms, conditions, and form of the bond and sureties thereon, as may be epecified by such reguletions.

Sec. 6103. Confidentiality and Disclosure of Returns and Return Information.

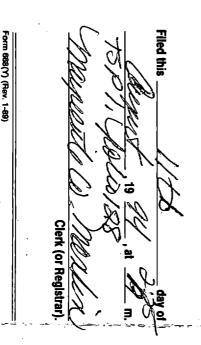
(k) Disclosure of Certain Returns and Return Information For Tax Administration Purposes. —

(2) Disclosure of amount of outstending lien. - If a notice of lien has been filed pureuant to section 6323(f), the amount of the outstanding obligation secured by such lien may be disclosed to any person who furnishes satiefactory written evidence that he hes e right in the property subject to such lien or intende to obtain a right in euch property.

Department of the Treasury - Internal Revenue Service

| (Rev. January 1989)                                                                       | Notic                                          | ce of Federal Tax                                                                                                                                | Lien Under                                        | r Internal                            | Revenu    | ie Laws                                      |
|-------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------|-----------|----------------------------------------------|
| District                                                                                  | ı                                              | Serial Number                                                                                                                                    | <u>.                                    </u>      | <u></u> .                             | For Optio | nal Use by Recording Office                  |
| altimore                                                                                  |                                                | 52941                                                                                                                                            | .4530                                             | *                                     |           |                                              |
| notice is give<br>assessed agai<br>this liability ha<br>in favor of the<br>to this taxpay | on that taxes<br>inst the following been made. | 1, 6322, and 6323 of the (including interest an ing-named taxpayer. but it remains unpaid. on all property and righ ount of these taxes, accrue. | d penaities) h<br>Demand for pa<br>Therefore, the | ave been<br>syment of<br>re is a ilen |           | OUEEN /<br>91, AUG                           |
| ame of Taxpaye<br>Martha                                                                  | er<br>Scott Ela                                | a m                                                                                                                                              |                                                   |                                       |           | LECELL<br>CERCO<br>CERCO                     |
| esidence 680<br>Da                                                                        | 6 Merrimac<br>vidsonvill                       | Court<br>e, Maryland 210                                                                                                                         | 35                                                |                                       |           | CLERIS CIRCUIT COURT<br>91, NUG     PH 2: 25 |
| notice of lien is a                                                                       | refiled by the date                            | TION: With respect to each a given in column (e), this not of release as defined in IRC 6                                                        | ice shall, on the da                              |                                       |           | Unpaid Balance                               |
| Kind of Tax<br>(a)                                                                        | Ended<br>(b)                                   | Identifying Number                                                                                                                               | Assessment (d)                                    | Refiling                              |           | of Assessment                                |
| 1040                                                                                      | 12/31/86                                       | 225-94-5792                                                                                                                                      | 8/10/94                                           | 8/10/04                               |           | 97,820.00                                    |
| 1040                                                                                      | 12/31/87                                       | 225-94-5792                                                                                                                                      | 8/10/94                                           | 8/10/04                               |           | 166,990.00<br>121,696.00                     |
| 1040                                                                                      | 12/31/88                                       | 225-94-5792<br>225-94-5792                                                                                                                       | 8/10/94<br>8/10/94                                | 8/10/04<br>8/10/04                    |           | 101,162.00                                   |
| 1040                                                                                      | 12/31/89<br>12/31/90                           |                                                                                                                                                  | 8/10/94                                           | 8/10/04                               |           | 120,546.00                                   |
| 1040                                                                                      | 12/31/90                                       | 225-94-5792                                                                                                                                      | 8/10/94                                           | 8/10/04                               | h         | 204,937.00                                   |
| 1040                                                                                      | 12/31/91                                       | 225-94-5792                                                                                                                                      | 8/10/94                                           | 8/10/04                               |           | 190,370.00                                   |
| 1040                                                                                      | 12/31/93                                       | 225-94-5792                                                                                                                                      | 8/10/94                                           | 8/10/04                               |           | 223,308.00                                   |
|                                                                                           |                                                |                                                                                                                                                  |                                                   |                                       |           |                                              |
|                                                                                           |                                                | • .                                                                                                                                              |                                                   |                                       |           |                                              |
|                                                                                           |                                                |                                                                                                                                                  |                                                   |                                       |           |                                              |
| ace of Filing                                                                             | for Queen                                      | the Circuit Cou<br>Anne's County<br>le, Maryland 21                                                                                              |                                                   | Tota                                  | ıl \$     | 1,226,829.00                                 |
| is notice was                                                                             | prepared and si                                | 8401 Corpor                                                                                                                                      | rate Drive                                        | , Landov                              | er, Md.   | , on this                                    |
|                                                                                           | August                                         | 94                                                                                                                                               |                                                   |                                       |           |                                              |
| eday                                                                                      | of                                             | _, 13                                                                                                                                            |                                                   |                                       |           |                                              |

Form 668(Y) (Rev. 1-89)



United States

### **Excerpts From Internal Revenue Code**

Sec. 6321. Lien For Taxes.

if any person liable to pay any tax neglects or refuses to pay the eame after demand, the amount (including any interast, additional amount, addition to tax, or assessable penalty, together with any costs that may accrue in addition thereto) shall be a lien in favor of the United States upon all property and rights to property, whether real or pereonal, belonging to such person.

Sec. 6322. Period Of Lien.

Unless another date is specifically fixed by law, the lien imposed by section 6321 shall arise at the time the assessment, le mada and chall continue until the liability for the amount so ascessed (or a judgment against the taxpayer arising out of euch liability) le eatlefled or becomes unenforceable by reason of lapse of time

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### (f) Place For Filing Notice; Form.—

(1) Place For Filing - The notice referred to in subeection (a) shall be filed -

(A) Under State Laws

been filed by the Secretary

(i) Real Property - In the case of real property, in one office within the State (or the county, or other governmental subdivision), ae designated by the laws of euch State, in which the property subject to the lien is situated; and

(ii) Personal Property - In the case of personal property, whether tangible or intangible, in one office within the State (or the county, or other governmental eubdivision), as deeignated by the laws of such State, in which the property eubject to the lien is eliuated;

(B) With Clerk Of District Court - In the office of the clerk of the United States district court for the judicial district in which the property subject to lien is situated, whenever the State has not by law deelgnated one office which meets the requirements of subparagraph (A), or

(C) With Recorder Of Deeds Of The District Of Columbia - tn the office of the Recorder of Deeds of the District of Columbia, If the property subject to the lien le eltuated in the Dietrict of รองโ≘็โผี ยมสองคโ

- (2) Situs Of Property Subject To Lien For purposes of paragraphs (1) and (4), property shall be deemed to be situated -
  - (A) Real Property In the case of real property, at its

physical location; or

(B) Personal Property - in the case of personal property, whether tangible or intangible, at the residence of the taxpayer at the time the notice of lien is filed.

For purposes of paragraph (2) (8), the residence of a corporation or partnership shall be deemed to be the place at which the principal executive office of the business is located, and the residence of a taxpayer whose residence is without the United States shall be deemed to be in the District of Columbia.

. (3) Form - The form and content of the motice referred to in subsection (a) shall be prescribed by the Secretary. Such notice shall be valid notwithstanding any other provision of law regarding the form or content of a

Note: See section 6323(b) for protection for certain interests even though notice of lien imposed by section 6321 is filed with respect

Securities ...



(g) Refiling Of Notice. — For purposes of this

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(2) Place For Filing. — A notice of lien reflied during the required refiling period shall be effective only -

(A) If -

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become legally unenforceable; or

(2) Bond Accepted - There le furnished to the Secretary and accepted by him a bond that is conditioned upon the payment of the amount assessed, together with all interest in respect thereof, within the time prescribed by law (including any extension of such time), and that is in accordance with such requirements relating to terms, conditione, and form of the bond and eureties thereon, as may be specified by such regulations.

Sec. 6103. Confidentiality and Disclosure of Returns and Return Information.

(k) Disclosure of Certain Returns and Return Information For Tax Administration Purposes. —

(2) Dieclosure of amount of outstanding ilen. - If a notice of ilen has been filed pursuant to section 6323(f), the amount of the outstanding obligation secured by euch lien may be disclosed to any person who furnishee satiefactory written evidence that he has a right in the property subject to such lien or intende to obtain a right in such property.

Department of the Treasury - Internal Revenue Service

| District                                                                    |                                                                          | Ce of Federal Tax                                                                                                                                  |                                                                      |                                                      |            | Use by Recording Office                        | _   |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------|------------|------------------------------------------------|-----|
| ·                                                                           | 1                                                                        | `                                                                                                                                                  |                                                                      |                                                      | ror Upuona | Use by Recording Umce                          |     |
| ltimore                                                                     |                                                                          | 52941                                                                                                                                              | .4528                                                                |                                                      |            |                                                |     |
| notice is givenessed ago<br>his liability in<br>favor of the<br>othis taxpe | ven that taxes<br>ainst the follow<br>has been made,<br>se United States | 21, 6322, and 6323 of the clinciuding interest as ving-named taxpayer. It remains unpaid. It con all property and riguount of these taxes, accrue. | nd penalties) i<br>Demand for p<br>Therefore, tha<br>hts to proparty | have been<br>ayment of<br>ire is a lian<br>belonging |            | GLERIK CIRCUIT  OLERIK CIRCUIT  OLERIK CIRCUIT |     |
| me of Taxpa                                                                 | ıyer                                                                     | <u>.</u>                                                                                                                                           |                                                                      |                                                      |            | RECEIVED                                       |     |
| Martha                                                                      | a G Thomps                                                               | on .                                                                                                                                               |                                                                      |                                                      | ,          | PE UEE                                         |     |
| esidence 6.8                                                                | 6 Merrimac                                                               |                                                                                                                                                    | 35                                                                   |                                                      | ٠.         | D () () () () () () () () () () () () ()       | ٠.  |
| notice of lien Is                                                           | s reflied by the date                                                    | ATION: With respect to each a given in column (e), this no of release as defined in IRC (                                                          | tice shall, on the d                                                 |                                                      |            | Jnpaid Balance<br>of Assessment<br>(f)         |     |
|                                                                             | 12/31/86                                                                 | 225-94-5792                                                                                                                                        | 8/10/94                                                              | 8/10/04                                              | -          | 97,820.00                                      | _   |
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| 1040                                                                        | 12/31/93                                                                 | 225-94-5792                                                                                                                                        | 8/10/94                                                              | 8/10/04                                              |            | 223,308.00                                     |     |
|                                                                             |                                                                          |                                                                                                                                                    |                                                                      |                                                      |            |                                                |     |
|                                                                             |                                                                          |                                                                                                                                                    |                                                                      |                                                      |            |                                                |     |
| ace of Filing                                                               |                                                                          |                                                                                                                                                    |                                                                      | · ,                                                  | -          | -                                              |     |
|                                                                             | for Queen                                                                | the Circuit Cour<br>Anne's County<br>le, Maryland 216                                                                                              |                                                                      | Total                                                | \$         | 1,226,829.00                                   | )   |
| is notice was                                                               | s prepared and s                                                         | 8401 Corpor                                                                                                                                        | ate Drive,                                                           | Landover                                             | , Md.      | , on th                                        | ıis |
|                                                                             |                                                                          | 2.4                                                                                                                                                |                                                                      | ,                                                    |            |                                                |     |
| e <u>llth</u> da                                                            | ay of August                                                             |                                                                                                                                                    |                                                                      | <i>.</i>                                             |            |                                                |     |
| gnature                                                                     | Hel lan                                                                  | <u></u>                                                                                                                                            | Title                                                                |                                                      |            |                                                |     |
|                                                                             | 9 (X / 1)                                                                |                                                                                                                                                    | Rev                                                                  | enue Offic                                           | ٥r         |                                                |     |

NOTE: Certificate of officer euthorized by lew to take ecknowledgments is not essential to the validity of Notice of Federal Tax lien
Rev. Rul. 71-486, 1971 - 2 C.B. 409)

Notice of Tax Lien

Notice of Tax Lien

Filed this

The day of the Tax Lien

Clerk (or Registrar).

## **Excerpts From Internal Revenue Code**

Sec. 6321. Lien For Taxes.

If any parson liable to pay any tax neglects or refuses to pay the aame after demand, the amount (including any interest, additional amount, addition to tax, or assessable penalty, together with any costs that may accrue in addition thereto) shall be a lien in favor of the United States upon all property and rights to property, whether real or personal, belonging to such person.

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(e) With Clerk Of District Court - in the office of the clark of the United States district court for the judicial district in which the property subject to lien is situated, whenever the State has not by law designated one office which meets the requirements of

subparagraph (A), or

(C) With Recorder Of Deeds Of The District Of Columbia - to
the office of the Recorder of Deeds of the District of Columbia, it
the property subject to the lien is situeted in the District of

(2) Situs Of Property Subject To Lien - For purposes of paragraphs (1) and (4), property shall be deemed to be situated -

(A) Real Property - In the cess of real property, at its physical location; or

(8) Parsonal Property - In the case of personal property, whether tangible or intangible, at the residence of the taxoaver at the time the notice of lian is filled.

For purposes of paragraph (2) (8), the residence of a corporation or partnership shell be deemed to be the place at which the principal executive office of the business is located, and the residence of a taxpayer whose residence is without the United States shall be deemed to be in the District of Columbia.

(3) Form - The torm and content of the notice referred to in subsection (a) shall be prescribed by the Secretary. Such notice shall be valid notwithstanding any other provision of law regarding the form or content of a notice of lien.

Note: See section 6323(b) for protection for certain interests even though notice of lien imposed by section 6321 is filled with respect to:

1. Securities2. Motor vehicles

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Lien # 2147

(g) Refiling Of Notice. — For purposes of this section -

(1) **General Rule.** — Unless notice of lien is retiled in the manner prescribed in paregraph (2) during the required refiling period, such notice of lien shall be treated as tiled on the data or which it is flied (in accordance with subsection (1)) after the expiration of such refiling period.

(2) **Place For Filing.** — A notice of lien rafiled during the required refilling period shall be effective only - (A) it -

 (i) auch notice of lien is refiled in the office in which the prior notice of lien was filed, and

(ii) In the case of real property, the fact of refiling is entered and recorded in an index to the extent required by aubsaction (f) (4). and

(8) In any casa in which, 90 deys or mora prior to the date of a refiling of notice of lien under subparagraph (A), tha

Secretary received written information (in the manner prescribed in regulations issued by the Sacretary) concerning a change in the taxpayer's residence, if a notice of such lien is also tiled in accordence with subsection (f) in the State in which such residence is located.

(3) Required Refiling Period. — In the casa of any notice of lien, the tarm "required refiling period" means (A) the one-year period ending 30 days after the expiration of 6 years after the date of the assessment of the tax, end (0) tha one-year period ending with the expiration of 5 years effer the close of the preceding required refilling period for such notice of lien.

# Sec. 6325.\ Release Of Lien Or Discharge Of Property.

(a) Release Of Lien. — Subject to auch ragulations as the Secretary may prescribe, the Secretary shall leave a certificate of release of any lian imposed with respect to any internal revenue tax not later then 30 days after the day on which

/(1) Liability Satisfied or Unenforceable - The Secretary finds that the liability for the amount assessed, together with all interest. In respect thereof has been fully satisfied or has become legelly unenforceable; or

(2) Bond Accepted - There is furnished to the Secretary and accepted by him a bond that is conditioned upon the payment of the amount assessed, together with all interest in respect thereot, within the time prescribed by law (including anextension of such time), and that is in accordance with auch requirements relating to terms\_conditions, and form.of the bond and sureties thereon, as may be specified by auch regulationa.

Sec. 6103. Confidentiality and Disclosure of Returns and Return Information.

(k) Disclosure of Certain Returns and Return Information For Tax Administration Purposes. —

(2) Disciosura of amount of outstanding lian. - It a notice of lian has been filed pursuant to section 6323(f), the amount of the outstanding obligetion sacured by auch lian may be disciosed any person who furniahes astistactory written avidence that he has a right in the property audjact to auch lian or intends to obtain a right in auch property.

Marie Marie Marie

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Department of the Treasury - Internal Revenue Service

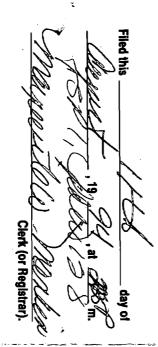
|                                                                            |                                                                                           |                                                                                                                                                                      |                                                                         |                                                                                   | al Revenue Laws                                                                               |  |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--|
| strict                                                                     | Serial Number                                                                             |                                                                                                                                                                      |                                                                         |                                                                                   | For Optional Use by Recording Office                                                          |  |
| ltimore                                                                    |                                                                                           | 5294                                                                                                                                                                 | 14532                                                                   |                                                                                   |                                                                                               |  |
| otice is given<br>ssessed egein<br>his liability has<br>his favor of the U | i thet taxes<br>st the follow<br>been made,<br>Inited States<br>r for the an              | 11, 6322, and 6323 of the control of the control of the control of the control of these taxes, accrue.                                                               | ond peneities)  <br>Demand for p<br>Therefore, the<br>Ints to property  | heve been<br>eayment of<br>ere is a lien<br>belonging                             | DECEIVE<br>OLERIC CIRCUI<br>94 AUS   1 P)<br>QUEEN ANNE'S                                     |  |
| ne of Taxpayer                                                             |                                                                                           |                                                                                                                                                                      | <del></del>                                                             | ,                                                                                 | RECEIVED<br>J. CIRCUIT<br>G. I.I. PIT                                                         |  |
| Martha S                                                                   | Shenell                                                                                   | •                                                                                                                                                                    |                                                                         | 1-6                                                                               | IVED<br>DHT COURT<br>PN 2: 25<br>E'S COUNTY                                                   |  |
| sidence                                                                    |                                                                                           |                                                                                                                                                                      |                                                                         |                                                                                   | ED<br>IT COURT<br>IT 2: 25                                                                    |  |
| 686<br>Davi                                                                | Merrimac<br>dsonvill                                                                      | Court<br>e, Maryland 210                                                                                                                                             | 35                                                                      |                                                                                   | 75 RT                                                                                         |  |
| notice of lien is ref                                                      | filed by the date                                                                         | ATION: With respect to each<br>given in column (e), this n<br>of release as defined in IRC                                                                           | otice shall, on the d                                                   | elow, unless<br>ay following                                                      |                                                                                               |  |
|                                                                            |                                                                                           |                                                                                                                                                                      |                                                                         |                                                                                   |                                                                                               |  |
| (Ind of Tax                                                                | Tax Period<br>Ended                                                                       | Identifying Number                                                                                                                                                   | Date of Assessment                                                      | Last Day for<br>Refiling                                                          | Unpaid Balance of Assessment                                                                  |  |
| Ind of Tax                                                                 |                                                                                           | Identifying Number                                                                                                                                                   |                                                                         |                                                                                   |                                                                                               |  |
| (a)<br>040 1                                                               | Ended (b) 2/31/86                                                                         | (c)<br>225-94-5792                                                                                                                                                   | Assessment (d) 8 / 10 / 94                                              | Refiling (e)                                                                      | of Assessment (f) 97,820.00                                                                   |  |
| (a)<br>040 1<br>040 1                                                      | 2/31/86<br>2/31/87                                                                        | (c)<br>225-94-5792<br>225-94-5792                                                                                                                                    | Assessment (d)  8/10/94 8/10/94                                         | Refiling<br>(e)<br>8/10/04<br>8/10/04                                             | 97,820.00<br>166,990.00                                                                       |  |
| (a)<br>040 1<br>040 1                                                      | Ended<br>(b)<br>2/31/86<br>2/31/87<br>2/31/88                                             | (c)<br>225-94-5792<br>225-94-5792<br>225-94-5792                                                                                                                     | Assessment (d)  8/10/94 8/10/94 8/10/94                                 | Refiling<br>(e)<br>8/10/04<br>8/10/04<br>8/10/04                                  | 97,820.00<br>166,990.00<br>121,696.00                                                         |  |
| (a)<br>040 1<br>040 1<br>040 1<br>040 1                                    | Ended<br>(b)<br>2/31/86<br>2/31/87<br>2/31/88<br>2/31/89                                  | (c)<br>2 2 5 - 9 4 - 5 7 9 2<br>2 2 5 - 9 4 - 5 7 9 2<br>2 2 5 - 9 4 - 5 7 9 2<br>2 2 5 - 9 4 - 5 7 9 2                                                              | 8/10/94<br>8/10/94<br>8/10/94<br>8/10/94                                | 8/10/04<br>8/10/04<br>8/10/04<br>8/10/04                                          | 97,820.00<br>166,990.00<br>121,696.00<br>101,162.00                                           |  |
| (a)<br>040 1<br>040 1<br>040 1<br>040 1<br>040 1                           | Ended (b)  2/31/86 2/31/87 2/31/88 2/31/89 2/31/90                                        | (c)  2 2 5 - 9 4 - 5 7 9 2  2 2 5 - 9 4 - 5 7 9 2  2 2 5 - 9 4 - 5 7 9 2  2 2 5 - 9 4 - 5 7 9 2  2 2 5 - 9 4 - 5 7 9 2                                               | 8/10/94<br>8/10/94<br>8/10/94<br>8/10/94<br>8/10/94                     | Refiling<br>(e)<br>8/10/04<br>8/10/04<br>8/10/04<br>8/10/04                       | 97,820.00<br>166,990.00<br>121,696.00<br>101,162.00<br>120,546.00                             |  |
| (a) 040 1 040 1 040 1 040 1 040 1 040 1                                    | Ended (b)  2/31/86 2/31/87 2/31/88 2/31/89 2/31/90 2/31/91                                | (c)  2 2 5 - 9 4 - 5 7 9 2  2 2 5 - 9 4 - 5 7 9 2  2 2 5 - 9 4 - 5 7 9 2  2 2 5 - 9 4 - 5 7 9 2  2 2 5 - 9 4 - 5 7 9 2  2 2 5 - 9 4 - 5 7 9 2                        | 8/10/94<br>8/10/94<br>8/10/94<br>8/10/94<br>8/10/94<br>8/10/94          | Refiling<br>(e)<br>8/10/04<br>8/10/04<br>8/10/04<br>8/10/04<br>8/10/04            | 97,820.00<br>166,990.00<br>121,696.00<br>101,162.00<br>120,546.00<br>204,937.00               |  |
| (a)  040 1  040 1  040 1  040 1  040 1  040 1  040 1                       | Ended (b)  2/31/86 2/31/87 2/31/88 2/31/89 2/31/90 2/31/91 2/31/92                        | (c)  2 2 5 - 9 4 - 5 7 9 2  2 2 5 - 9 4 - 5 7 9 2  2 2 5 - 9 4 - 5 7 9 2  2 2 5 - 9 4 - 5 7 9 2  2 2 5 - 9 4 - 5 7 9 2  2 2 5 - 9 4 - 5 7 9 2  2 2 5 - 9 4 - 5 7 9 2 | Assessment (d)  8/10/94 8/10/94 8/10/94 8/10/94 8/10/94 8/10/94 8/10/94 | Refiling<br>(e)<br>8/10/04<br>8/10/04<br>8/10/04<br>8/10/04<br>8/10/04<br>8/10/04 | 97,820.00<br>166,990.00<br>121,696.00<br>101,162.00<br>120,546.00<br>204,937.00<br>190,370.00 |  |
| (a)  040 1  040 1  040 1  040 1  040 1  040 1  040 1                       | Ended (b)  2/31/86 2/31/87 2/31/88 2/31/89 2/31/90 2/31/91                                | (c)  2 2 5 - 9 4 - 5 7 9 2  2 2 5 - 9 4 - 5 7 9 2  2 2 5 - 9 4 - 5 7 9 2  2 2 5 - 9 4 - 5 7 9 2  2 2 5 - 9 4 - 5 7 9 2  2 2 5 - 9 4 - 5 7 9 2                        | 8/10/94<br>8/10/94<br>8/10/94<br>8/10/94<br>8/10/94<br>8/10/94          | Refiling<br>(e)<br>8/10/04<br>8/10/04<br>8/10/04<br>8/10/04<br>8/10/04            | 97,820.00<br>166,990.00<br>121,696.00<br>101,162.00<br>120,546.00<br>204,937.00               |  |
| (a)  040 1  040 1  040 1  040 1  040 1  040 1  040 1                       | Ended<br>(b)<br>2/31/86<br>2/31/87<br>2/31/88<br>2/31/89<br>2/31/90<br>2/31/91<br>2/31/92 | (c)  2 2 5 - 9 4 - 5 7 9 2  2 2 5 - 9 4 - 5 7 9 2  2 2 5 - 9 4 - 5 7 9 2  2 2 5 - 9 4 - 5 7 9 2  2 2 5 - 9 4 - 5 7 9 2  2 2 5 - 9 4 - 5 7 9 2  2 2 5 - 9 4 - 5 7 9 2 | Assessment (d)  8/10/94 8/10/94 8/10/94 8/10/94 8/10/94 8/10/94 8/10/94 | Refiling<br>(e)<br>8/10/04<br>8/10/04<br>8/10/04<br>8/10/04<br>8/10/04<br>8/10/04 | 97,820.00<br>166,990.00<br>121,696.00<br>101,162.00<br>120,546.00<br>204,937.00<br>190,370.00 |  |
| .040 1<br>.040 1<br>.040 1<br>.040 1<br>.040 1                             | Ended<br>(b)<br>2/31/86<br>2/31/87<br>2/31/88<br>2/31/89<br>2/31/90<br>2/31/91<br>2/31/92 | (c)  2 2 5 - 9 4 - 5 7 9 2  2 2 5 - 9 4 - 5 7 9 2  2 2 5 - 9 4 - 5 7 9 2  2 2 5 - 9 4 - 5 7 9 2  2 2 5 - 9 4 - 5 7 9 2  2 2 5 - 9 4 - 5 7 9 2  2 2 5 - 9 4 - 5 7 9 2 | Assessment (d)  8/10/94 8/10/94 8/10/94 8/10/94 8/10/94 8/10/94 8/10/94 | Refiling<br>(e)<br>8/10/04<br>8/10/04<br>8/10/04<br>8/10/04<br>8/10/04<br>8/10/04 | 97,820.00<br>166,990.00<br>121,696.00<br>101,162.00<br>120,546.00<br>204,937.00<br>190,370.00 |  |

Signature

Title

Revenue Officer

(NOTE: Certificate of officer authorized by law to take acknowledgments is not essential to the validity of Notice of Federal Tax iien Rev. Rul. 71-466, 1971 - 2 C.B. 409)



otice of Tax Lien

### **Excerpts From Internal Revenue Code**

Sec. 6321. Lien For Taxes.

If eny person liable to pay any tax neglects or refuees to pey the eeme after damand, the emount (including eny interest, additional amount, addition to tax, or assessable penalty, together with any costs that may accrue in addition thereto) shall be a lien in favor of the United States upon all property and rights to property, whether real or personal, belonging to such person.

Sec. 6322. Period Of Lien.

Unless another dete is specifically fixed by law, the lien imposed by section 6321 shall arise at the time the assessment is made and shall continue until the liability for the amount so assessed (or a judgment egainst the taxpayer arising out of euch liability) is eatisfied or becomes unenforceable by reason of lapse of time.

Sec. 6323. Validity and Priority Against.

(e) Purchaser's, Holders Of Security Interests, Mechanic's Lienors, And Judgment Lien Creditors. — The lien imposed by section 6321 shall not be valid as egainst any purcheser, holder of a escurity interest, mechanic's lienor, or judgment lien creditor until notice thereof which meets the requirements of eubsection (f) has been filled by the Secretary.

### (i) Place For Filling Notice; Form.—

- Place For Filing The notice referred to in subsection (a) shall be filed -
  - (A) Under State Lews
  - (i) Real Property In the case of reel property, in one office within the State (or the county, or other governmental eubdivision), as designated by the laws of such State, in which the property subject to the ilen is elituated; and
  - (ii) Personal Property in the case of personal property, whether tangible or intangible, in one office within the State (or the county, or other governmental subdivision), as designated by the lews of euch State, in which the property subject to the lien le situated;
- (B) With Clerk Of District Court in the office of the clerk of the United States district court for the judiciel district in which the property eubject to lien is situated, whenever the State has not by law designated one office which meets the requirements of auboaraoraoh (A). or
- (C) With Recorder Of Deeds Of The District Of Columbia In the office of the Recorder of Deeds of the District of Columbia, if the property subject to the lien le eliuated in the District of Columbia.

- (2) Situe Of Property Subject To Lien For purposes of paregraphe (1) end (4), property shell be deemed to be situated -
  - (A) Real Property In the ceee of reel property, et its physical location; or
  - (B) Personal Property In the case of personal property, whether tangible or intangible, at the residence of the taxpeyer at the time the notice of lien is filled.

For purposes of peragreph (2) (B), the residence of e corporation or partnership shall be deemed to be the place at which the principal executive office of the business is located, and the residence of a taxpayer whose residence is without the United States shall be deemed to be in the District of Columbia.

(3) Form - The form and content of the notice veterred to in subsection (a) shall be prescribed by the Secretary. Such notice shall be valid notwithstanding any other provision of lew regarding the form or content of e notice of lien.

Note: See section 6323(b) for protection for certain interests even though notice of lien imposed by section 6321 is filed with respect to:

- 1. Securities
- 2. Motor vehicles



I ien # 2148

- (g) **Refiling Of Notice.** For purposes of this section -
- (1) **General Rule.** Unless notice of lien is reflied in ≥ the manner prescribed in paragreph (2) during the required refilling period, such notice of lien ehall be treated as filled on the date or which it is filled (in accordance with subsection (f)) efter the expiration of euch refilling period.
- (2) Place For Filing. A notice of tien refited during the required refiling period shall be effective only 
  (A) If -
  - (i) such notice of lien is reflied in the office in which the prior notice of lien was filed, and
  - (ii) in the case of real property, the fect of refiling is entered and recorded in an index to the extent required by subsection (f) (4), and
  - (B) in any case in which, 90 days or more prior to the date of e refiling of notice of lien under subparagraph (A), the

Secretery received written information (in the manner prescribed in regulations lesued by the Secretary) concerning a change in the taxpayer's residence, if a notice of such lien is elso filled in accordance with subsection (f) in the State in which such residence is located.

(3) Required Refiling Period. — In the case of any notice of lien, the term "required refilling period" means (A) the one-year period ending 30 days after the expiration of 6 years efter the date of the assessment of the tax, and (B) the one-year period ending with the expiration of 6 years after the close of the preceding required refilling period for such notice of lien.

### Sec. 6325. Release Of Lien Or Discharge Of Property.

- (e) Release Of Lien. Subject to such reguletions as the Secretary may prescribe, the Secretary ehell issue e certificate of release of any lien imposed with respect to any internal revenue tax not later than 30 days after the day on which
- (1) Liability Satisfied or Unenforceeble The Secretary finds that the liability for the amount assessed, together with eli interest in respect thereof, has been fully satisfied or has become legally unenforceable; or
- (2) Bond Accepted There is furnished to the Secretary and accepted by him e bond that is conditioned upon the payment of the amount assessed, together with all interest in respect thereof, within the time prescribed by law (including anxients) and that is in accordance with such requirements relating to terms, conditions, end form of the bond and sureties thereor, as may be specified by such regulations.—

Sec. 6103. Confidentiality and Disclosure of Returns and Return Information.

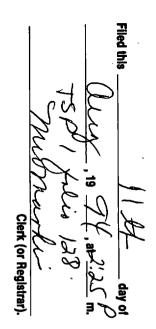
- (x) Disclosure of Certain Returns and Return Information For Tax Administration Purposes. —
- (2) Disclosure of amount of outstanding lien. If a notice of lien has been filled pursuent to section 6323(f), the amount of the outstanding obligetion eccured by such lien mey be disclosed to any person who furnishes setlefactory written evidence that he has e right in the property subject to such lien or intende to obtain e right in such property.

Department of the Treasury - Internal Revenue Service

| (Rev. January 1969)                                                          | Noti                                                          | ce of Federal Tax                                                                                                                                 | Lien Unde                                                             | r Internal I                                        | Revenue Laws                                                 |
|------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------|
| Pistrict                                                                     |                                                               | Serial Numbe                                                                                                                                      | er                                                                    |                                                     | For Optional Use by Recording Office                         |
| ltimore                                                                      |                                                               | 52941                                                                                                                                             | 4525                                                                  |                                                     | ,                                                            |
| notice is given<br>assessed agains<br>this liability has<br>n favor of the U | that taxes t the follow been made, Inited States r for the am | 1, 6322, and 6323 of the (Including Interest ar ling-named taxpayer. but it remains unpaid. on all property and rightount of these taxes, accrue. | nd penaities) h<br>Demand for pa<br>Therefore, the<br>hts to property | nave been<br>ayment of<br>re is a lien<br>belonging | CLER!<br>OUZEN                                               |
| ame of Taxpayer                                                              |                                                               | ·                                                                                                                                                 |                                                                       |                                                     | . V NEERY OF                                                 |
| Martha (                                                                     | Gertrude                                                      | Scott                                                                                                                                             |                                                                       |                                                     |                                                              |
|                                                                              | Merrimac<br>dsonvill                                          | Court<br>e, Maryland 210                                                                                                                          | 35                                                                    |                                                     | CLERIZ CRICUIT COURT  94 NUG 11 PH 2: 25  0UZEN ANNE'S COURT |
| notice of lien is ref                                                        | filed by the date                                             | TION: With respect to each a<br>given in column (e), this no<br>of release as defined in IRC 6                                                    | tice shall, on the de                                                 | elow, unless<br>ay following                        | 7Y 57 27 27                                                  |
| Kind of Tax                                                                  | Tax Period<br>Ended<br>(b)                                    | identifying Number                                                                                                                                | Date of Assessment (d)                                                | Last Day for<br>Refiling<br>(e)                     | Unpaid Balance of Assessment (f)                             |
|                                                                              | 2/31/86                                                       | 225-94-5792                                                                                                                                       | 8/10/94                                                               | 8/10/04                                             | 97,820.00                                                    |
|                                                                              | 2/31/87                                                       | 225-94-5792                                                                                                                                       | 8/10/94                                                               | 8/10/04                                             | 166,990.00                                                   |
|                                                                              | 2/31/88 2/31/89                                               | 225-94-5792<br>225-94-5792                                                                                                                        | 8/10/94<br>8/10/94                                                    | 8/10/04<br>8/10/04                                  | 121,696.00<br>101,162.00                                     |
|                                                                              | 2/31/90                                                       | 225-94-5792                                                                                                                                       | 8/10/94                                                               | 8/10/04                                             | 120,546.00                                                   |
|                                                                              | 2/31/91                                                       | 225-94-5792                                                                                                                                       | 8/10/94                                                               | 8/10/04                                             | 204,937.00                                                   |
| 1040 1                                                                       | 2/31/92                                                       | 225-94-5792                                                                                                                                       | 8/10/94                                                               | 8/10/04                                             | 190,370.00                                                   |
| .040 1                                                                       | 2/31/93                                                       | 225-94-5792                                                                                                                                       | 8/10/94                                                               | 8/10/04                                             | 223,308.00                                                   |
|                                                                              |                                                               |                                                                                                                                                   |                                                                       |                                                     |                                                              |
|                                                                              |                                                               | . 4                                                                                                                                               |                                                                       |                                                     |                                                              |
|                                                                              |                                                               |                                                                                                                                                   | •                                                                     | <u>.</u>                                            |                                                              |
| ace of Filing                                                                |                                                               |                                                                                                                                                   |                                                                       |                                                     |                                                              |
| f                                                                            | or Queen                                                      | the Circuit Cour<br>Anne's County<br>le, Maryland 210                                                                                             |                                                                       | Total                                               | \$ 1,226,829.00                                              |
| ils notice was pr                                                            | repared and s                                                 | 8401 Corpor                                                                                                                                       | ate Drive,                                                            | Landover                                            | , Md, on thi                                                 |
|                                                                              |                                                               | 9 4<br>_, 19                                                                                                                                      |                                                                       |                                                     | , on thi                                                     |

(NOTE: Certificate of officer authorized by law to take acknowledgments is not essential to the validity of Notice of Federal Tax Ilan Rav. Rul. 71-466, 1971 - 2 C.B. 409)

Revenue Officer



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United States

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**Excerpts From Internal Revenue Code** 

Sec. 6321. Lien For Taxes.

If any person liable to pay any tax neglecte or refuses to pay the same after demand, the amount (including any interest, additional amount, addition to tax, or assessable penalty, together with any costs that may accrue in addition thereto) shall be a lien in favor of the United States upon all property and rights to property, whether real or personal, belonging to such person.

Sec. 6322. Period Of Lien.

Unless another date le specifically fixed by law, the lien imposed by section 6321 shall arise at the time the assessment is made and shall continue until the liability for the amount so assessed (or a judgment against the taxpayer arising out of such liability) is satisfied or becomes unenforceable by reason of lapse of time.

Sec. 6323. Validity and Priority Against Certain Persons.

(a) Purchaser's, Holders Of Security Interests, Mechanic's Lienors, And Judgment Lien Creditors. — The Ilen Imposed by section 6321 shalf not be valid as against any purchaser, holder of a security interest, mechanic's lienor, or judgment ilen creditor until notice thereof which meets the requirements of subsection (f) has been filed by the Secretary.

### (f) Place For Filing Notice; Form.—

(t) Place For Filing - The notice referred to in subsection (a) shall be filed -

(A) Under State Laws

(i) Real Property - In the case of real property, in one office within the State (or the county, or other governmental subdivision), aê designated by the laws of such State, in which the property subject to the lien is situated; and

(ii) Personal Property - in the case of personal property, whether tangible or intangible, in one office within the State (or the county, or other governmental eubdivision), as deelgnated by the lawe of auch State, in which the property subject to the ilen is eltuated;

(B) With Clerk Of District Court - In the office of the clerk of the United States district court for the judicial district in which the property eubject to lien is eltuated, whenever the State has a not by law designated one office which meets the requirements of

subparagraph (A), or
(C) With Recorder Of Deeds Of The District Of Columbia - th
the office of the Recorder of Deeds of the District of Columbia, if
the property subject to the lien is eltuated in the District of

(2) Situs Of Property Subject To Lien - For purposes of paragraphs (1) and (4), property shall be deemed to be situated -

(A) Real Property - In the case of real property, at its physical location, or

(B) Personal Property - In the case of personal property, whether tangible or intangible, at the residence of the taxpayer at the time the notice of lien is filed.

For purposes of paragraph (2) (B), the residence of a corporation or partnership shall be deemed to be the place at which the principal executive office of the business is located, and the residence of a taxpayer whose residence is without the United States shall be deemed to be in the District of Columbia.

(3) Form - The form and content of the notice referred to in subsection (a) shall be prescribed by the Secretary. Such notice shall be valid notwithstanding any other provision of law regarding the form or content of a notice of lien.

Note: See section 6323(b) for protection for certain interests even though notice of lien imposed by section 6321 is filled with respect to:

1. Securities

Motor vehicles

3. Personal property nurchased at retail.



Lien # 2149

(g) Refilling Of Notice. — For purposes of this ection -

(1) **General Rule.** — Unless notice of ilen is reflied in the manner prescribed in paragraph (2) during the required refiling period, such notice of ilen shall be treated as filed on the date on which it is filed (in accordance with subsection (f)) after the expiration of auch refiling period.

(2) Place For Filing. — A notice of the refiled during the required refiling period shall be effective only

(A) If -

(i) euch notice of lien ie reflied in the office in which the prior notice of lien wae filed, and

(II) in the case of real property, the fact of refiling is entered and recorded in an index to the extent required by eubsection (f) (4), and

(B) in any case in which, 90 days or more prior to the date of a refiling of notice of lien under subparagraph (A), the

Secretary received written information (in the manner prescribed in regulations issued by the Secretary) concerning a change in the taxpayer's residence, if a notice of such lien is also filed in accordance with subsection (f) in the State in which such residence is located.

(3) Required Refiling Period. — In the case of any notice of lien, the term "required refiling period" means.

(A) the one-year period ending 30 days after the expiration of 6 years after the date of the assessment of the tax, and (B) the one-year period ending with the expiration of 6 years after the close of the preceding required refiling period for such notice of lien.

Sec. 6325. Release Of Lien Or Discharge Of Property.

(a) Release Of Lien. — Subject. to such regulations as the Secretary may prescribe, the Secretary shall issue a certificate of release of any lien imposed with respect to any internal revenue tax not later than 30 days after the day on which

(1) Liability Satisfied or Unenforceable. The Secretary finds that the liability for the amount assessed, together with all interest in respect thereof, has been fully satisfied or has

become legally unenforceable; or

(2) Bond Accepted - There is furnished to the Secretary and accepted by him a bond that is conditioned upon the payment of the amount assessed, together with all interest in respect thereof, within the time prescribed by law (including anxiety), and that is in accordance with such requirements relating to terms, conditions, and form of the bond and sureties thereon, as may be specified by such regulations.

Sec. 6103. Confidentiality and Disclosure of Returns and Return Information.

Return Information For Tax Administration Purposes. —

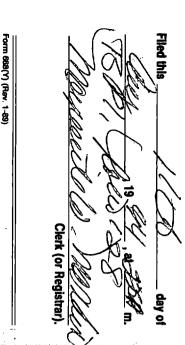
(2) Disclosure of amount of outstanding ilen. - If a notice of ilen has been filed pursuant to section 6323(f), the amount of the outstanding obligation secured by such lien may be disclosed to any person who furnishes satisfactory written evidence that he has a right in the property subject to such lien or intends to obtain a right in such property.

Department of the Treasury - Internal Revenue Service

(Rev. January 1988)

# Notice of Federal Tax Lien Under Internal Revenue Laws

| District                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                         | Serial Number                                                                                                                                  | ər                                                                    | -                                                   | For Optio | nal Use by Recording Office            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------|-----------|----------------------------------------|
| ltimore                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                         | 5 2 9 4 1                                                                                                                                      | 14543                                                                 |                                                     |           | )                                      |
| notice is given as the second of the second | ven that taxes<br>ainst the follow<br>has been made,<br>e United States | 21, 6322, and 6323 of the (including interest and ing-named taxpayer. but it remains unpaid. on all property and right of these taxes, accrue. | nd penalties) i<br>Demand for p<br>Therefore, the<br>ints to property | nave been<br>ayment of<br>re is a lien<br>belonging |           | RECEIVED CLERK, CIRCUIT                |
| ame of Taxpa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | yer                                                                     |                                                                                                                                                |                                                                       |                                                     |           |                                        |
| Martha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Scott The                                                               | nosquo                                                                                                                                         |                                                                       | ·<br>                                               |           | )<br>COURT<br>2: 25<br>COURTY          |
| Residence<br>68<br>Da                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6 Merrimac<br>vidsonvill                                                | Court<br>e, Maryland 210                                                                                                                       | 35                                                                    |                                                     |           |                                        |
| notice of lien is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | s refiled by the date                                                   | ATION: With respect to each a given in column (e), this not of release as defined in IRC (  Identifying Number (c)                             | otice shall, on the d                                                 |                                                     |           | Unpaid Balance<br>of Assessment<br>(f) |
| 1040                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 12/31/86                                                                | 225-94-5792                                                                                                                                    | 8/10/94                                                               | 8/10/04                                             |           | 97,820.00                              |
| 1040                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 12/31/87                                                                | 225-94-5792                                                                                                                                    | 8/10/94                                                               | 8/10/04                                             |           | 166,990.00                             |
| 1040                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 12/31/88                                                                | 225-94-5792                                                                                                                                    | 8/10/94                                                               | 8/10/04                                             |           | 121,696.00                             |
| 1040                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 12/31/89                                                                | 225-94-5792                                                                                                                                    | 8/10/94                                                               | 8/10/04                                             | ļ         | 101,162.00                             |
| 1040                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 12/31/90                                                                | 225-94-5792<br>225-94-5792                                                                                                                     | 8/10/94<br>8/10/94                                                    | 8/10/04<br>8/10/04                                  |           | 120,546.00<br>204,937.00               |
| 1040<br>1040                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 12/31/91 12/31/92                                                       | 225-94-5792                                                                                                                                    | 8/10/94                                                               | 8/10/04                                             | 4         | 190,370.00                             |
| 1040                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 12/31/93                                                                | 225-94-5792                                                                                                                                    | 8/10/94                                                               | 8/10/04                                             | *         | 223,308.00                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |                                                                                                                                                |                                                                       | -                                                   | ļ         |                                        |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1                                                                       |                                                                                                                                                |                                                                       |                                                     | }         |                                        |
| ace of Filing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1                                                                       | <u> </u>                                                                                                                                       | <u> </u>                                                              |                                                     | +         |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | for Queen                                                               | the Circuit Cou<br>Anne's County<br>le, Maryland 21                                                                                            |                                                                       | Total                                               | \$        | 1,226,829.00                           |
| is notice was                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | s prepared and s                                                        | 8401 Corpoi                                                                                                                                    | rate Drive,                                                           | , Landover                                          | , Md.     | , on this,                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | . August                                                                | 1094                                                                                                                                           |                                                                       |                                                     |           |                                        |
| e <u>llth</u> da                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ay of                                                                   |                                                                                                                                                |                                                                       |                                                     |           |                                        |



otice of Tax Lien

### **Excerpts From Internal Revenue Code**

Sec. 6321. Lien For Taxes.

If any person liable to pay any tax neglects or refuses to pay the same after demend, the amount (including any interest, additional amount, addition to tex, or assessable peneity, together with any costs that may accrue in addition thereto) shall be a lien in favor of the United States upon all property and rights to property, whether real or personal, belonging to such person.

Sec. 6322. Period Of Lien.

Unless another date is epecifically fixed by lew, the lien imposed by section 6321 shell erise at the time the essessment is made and shall continue until the liebility for the amount so assessed (or a judgment against the taxpeyer arising out of such liability) is eatisfied or becomes unenforceable by reason, of lepse of time.

Sec. 6323. Validity and Priority Against Certain Persons.

(e) Purchaser's, Holders Of Security Interests, Mechanic's Lienors, And Judgment Lien Creditors. — The lien imposed by section 6321 shally not be valid as against any purchaser, holder of a security interest, mechanic's lienor, or judgment lien creditor until notice thereof which meets the requirements of subsection (f) has been filled by the Secretary.

### (f) Place For Filing Notice; Form.—

- (1) Piece For Filing The notice referred to in sub eaction (e) shell be filed -
  - (A) Under State Laws
  - (i) Real Property In the case of real property, in one office within the State (or the county, or other governmental subdivision), as designated by the laws of such State, in which the property subject to the iten is situated; and
  - (ii) Personal Property in the case of personal property, whether tangible or intangible, in one office within the State (or the county, or other governmental subdivision), as designated by the lewe of such State, in which the property subject to the lien le situated;
- (B) With Clerk Of District Court in the office of the clerk of the United States district court for the judicial district in which the property subject to lien le situeted, whenever the State has not by law designeted one office which meets the requirements of subparagraph (A), or
- (C) With Recorder of Deeds of The District of Columbia in the office of the Recorder of Deeds of the District of Columbia, if the property subject to the lien is situated in the District of Columbia.

- (2) Situs Of Property Subject To Lien For purposes of peragraphs (1) and (4), property shell be deemed to be situated -
  - (A) Reel Property In the cese of reel property, et its physical location; or
  - (B) Personal Property in the case of personal property, whether tengible or intangible, at the residence of the taxpeyer at the time the notice of lien is filled.

For purposes of peregraph (2) (B), the residence of a corporation or pertnership shell be deemed to be the place at which the principal executive office of the business is located, and the residence of a taxpayer whose residence is without the United States shall be deemed to be in the District of Columbia.

(3) Form - The form end content of the notice referred to in subsection (e) shell be prescribed by the Secretary. Such notice shell be velid notwithstanding any other provision of lew regarding the form or content of a notice of lien.

'Note: See section 6323(b) for protection for certain interests even though notice of lien vimposed by section 6321 is filed with respect to:

- 1. Securities
- 2. Motor vehicles



Lien # 2150

- (g) Refiling Of Notice. For purposes of this
- (1) **General Rule.** Unless notice of lien is reflied in the manner prescribed in paregraph (2) during the required refilling period, such notice of lien shall be treated as filed on the dete on which it is filed (in accordance with subsection (f)) after the expiration of such refliling period.
- (2). **Place** For Filing. A notice of lien reflied during the required refiling period shall be effective only -
  - A) if -
  - (i) such notice of lien is refiled in the office in which the prior notice of lien was filed, and
  - (ii) in the case of real property, the fact of refilling is entered and recorded in an index to the extent required by subsection (f) (4), and
  - (B) in any case in which, 90 days or more prior to the date of a refiling of notice of ilen under subperagraph (A), the

Secretary received written information (in the manner prescribed in regulations issued by the Secretary) concerning e change in the taxpeyer's residence, if a notice of such lien is also filed in accordance with subsection (f) in the State in which such residence is located.

(3) Required Refiling Period. — In the case of any notice of lien, the term "required refiling period" means - (A) the one-year period ending 30 days after the expiration of 6 years efter the date of the assessment of the tax, end (B) the one-year period ending with the expiration of 6 years - after the close of the preceding required refiling period for

## Sec. 6325. Release Of Lien Or Discharge Of Property.

euch notice of ilen.

- (a) Release Of Lien. Subject to euch regulations the Secretary may prescribe, the Secretary ehell issue a certificate of release of any lien imposed with respect to any internal revenue tax not leter than 30 days efter the day on which
- (1) Liability Satisfied or Unenforceable The Secretary -finds that the liability for the emount essessed, together with all interest in respect thereof, has been fully setisfied or has become legally unenforceable; or
- (2) Bond Accepted There is furnished to the Secretary and eccepted by him e bond that is conditioned upon the payment of the emount assessed, together with all interest in respect thereof, within the time prescribed by law (including any extension of such time), and that is in accordance with such requirements releting to terms, conditions, and form of the bond and sureties thereon, as may be specified by such requisitions.

Sec. 6103. Confidentiality and Disclosure of Returns and Return Information.

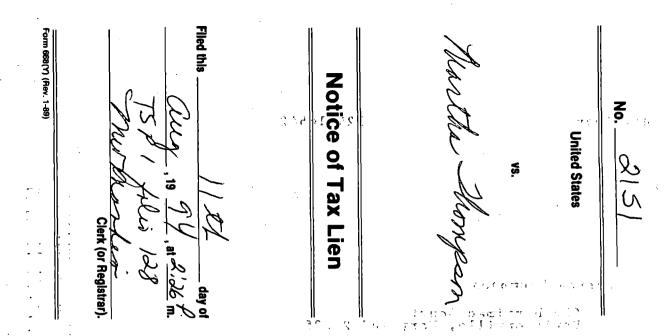
(ii) Disclosure of Certain Returns and Return Information For Tax Administration Purposes. —

(2) Disclosure of emount of outstending lien. - if a notice of lien has been flied pursuant to section 6323(f), the emount of the outstanding obligation secured by such lien may be disclosed to any person who furnishes satisfactory written evidence that he has a right in the property subject to such lien or intende to obtain a right in such property.

Department of the Treasury - Internal Revenue Service

| n that taxes ( lest the following been made, but the States of the amount of the states of the state | Court , Maryland 210  TION: With respect to each a given in column (e), this not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Tax Period Ended (b)  12/31/86 12/31/87 12/31/88 12/31/90 12/31/91 12/31/92 12/31/93  Terk of tor Queen entervill  repared and signature to the content of t | Tax Period Ended (b)   Identifying Number (c)   12/31/86   225-94-5792   12/31/88   225-94-5792   12/31/89   225-94-5792   12/31/90   225-94-5792   12/31/91   225-94-5792   12/31/92   225-94-5792   12/31/93   225-94-5792   12/31/93   225-94-5792   12/31/93   225-94-5792   12/31/93   225-94-5792   12/31/93   225-94-5792   12/31/93   225-94-5792   12/31/93   225-94-5792   12/31/93   225-94-5792   12/31/93   225-94-5792   12/31/93   225-94-5792   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/31/93   12/ | Tax Period Ended (b)    2 / 31 / 86   225 - 94 - 5792   8 / 10 / 94     2 / 31 / 88   225 - 94 - 5792   8 / 10 / 94     2 / 31 / 89   225 - 94 - 5792   8 / 10 / 94     2 / 31 / 89   225 - 94 - 5792   8 / 10 / 94     2 / 31 / 89   225 - 94 - 5792   8 / 10 / 94     2 / 31 / 90   225 - 94 - 5792   8 / 10 / 94     2 / 31 / 91   225 - 94 - 5792   8 / 10 / 94     2 / 31 / 92   225 - 94 - 5792   8 / 10 / 94     2 / 31 / 93   225 - 94 - 5792   8 / 10 / 94     2 / 31 / 93   225 - 94 - 5792   8 / 10 / 94     2 / 31 / 93   225 - 94 - 5792   8 / 10 / 94     2 / 31 / 93   225 - 94 - 5792   8 / 10 / 94     2 / 31 / 93   225 - 94 - 5792   8 / 10 / 94     3 / 31 / 93   225 - 94 - 5792   8 / 10 / 94     4 / 31 / 93   225 - 94 - 5792   8 / 10 / 94     5 / 31 / 93   225 - 94 - 5792   8 / 10 / 94     6 / 31 / 93   225 - 94 - 5792   8 / 10 / 94     7 / 31 / 93   225 - 94 - 5792   8 / 10 / 94     8 / 31 / 93   225 - 94 - 5792   8 / 10 / 94     8 / 31 / 93   225 - 94 - 5792   8 / 10 / 94     8 / 31 / 93   225 - 94 - 5792   8 / 10 / 94     8 / 31 / 93   225 - 94 - 5792   8 / 10 / 94     8 / 31 / 93   225 - 94 - 5792   8 / 10 / 94     8 / 31 / 93   225 - 94 - 5792   8 / 10 / 94     8 / 31 / 93   225 - 94 - 5792   8 / 10 / 94     8 / 31 / 93   225 - 94 - 5792   8 / 10 / 94     8 / 31 / 93   225 - 94 - 5792   8 / 10 / 94     8 / 31 / 93   225 - 94 - 5792   8 / 10 / 94     8 / 31 / 93   225 - 94 - 5792   8 / 10 / 94     8 / 31 / 93   225 - 94 - 5792   8 / 10 / 94     8 / 31 / 93   225 - 94 - 5792   8 / 10 / 94     8 / 31 / 93   225 - 94 - 5792   8 / 10 / 94     8 / 31 / 93   225 - 94 - 5792   8 / 10 / 94     8 / 31 / 93   225 - 94 - 5792   8 / 10 / 94     8 / 31 / 93   225 - 94 - 5792   8 / 10 / 94     9 / 31 / 93   225 - 94 - 5792   8 / 10 / 94     9 / 31 / 93   225 - 94 - 5792   8 / 10 / 94     9 / 31 / 93   225 - 94 - 5792   8 / 10 / 94     9 / 31 / 93   225 - 94 - 5792   8 / 10 / 94     9 / 31 / 93   225 - 94 - 5792   8 / 10 / 94     9 / 31 / 93   225 - 94 - 5792   8 / 10 / 94     9 / 31 / 93   225 - 94 - 5792   8 / 10 / 94     9 / 31 | Tax Period Ended (b)   Identifying Number (c)   Assessment (d)   Refiling (e) | Tax Period   Identifying Number   Co   Massessment   Co   Massessment |

(NOTE: Certificate of officar authorized by law to take acknowledgments is not assential to the validity of Notice of Federal Tax IIen Rev. Rul. 71-468, 1971 - 2 C.B. 409)



### Excerpts From Internal Revenue Code

Sec. 6321. Lien For Taxes.

If any person liable to pay any tax neglects or refuses to pay the eame efter demand, the amount (including any interest, additional amount, addition to tax, or assessable penalty, together with any costs that may accrue in addition thereto) shall be a lien in favor of the United States upon all property and rights to property, whether real or personal, belonging to such person.

Sec. 6322. Period Of Lien.

19 14 Unless another date is specifically fixed by law, the lien Imposed by section 6321 shall arise at the time the assessment is made and shall continue until the liability for the amount so assessed (or a judgment against the taxpayer arising out of euch liability) is eatisfied or becomes unenforceable by reason of lapse of time. - e

Sec. 6323. Validity and Priority Against Certain Persons.

(a) Purchaser's, Holders Of Security Interests, Mechanic's Lienors, And Judgment Lien Creditors. — The lien imposed by section 6321 shall not be valid as against any purchaser, holder of a security interest, mechanic's lienor, or judgment lien craditor until notice thereof which meets the requirements of subsection (f) has been filed by the Secretary.

### (f) Place For Filing Notice; Form.—

(1) Place For Filing - The notice referred to in eubeection (a) shell be filed -

(A) Under State Laws

(i) Real Property - In the case of real property, in one office within the State (or the county, or other governmental subdivision), as designated by the laws of such State, in which the property subject to the lien is situated; and

(ii) Personal Property - In the case of personal property, whether tangible or intangible, in one office within the State (or the county, or other governmental., subdivision), as designated by the laws of such State, in which the property subject to the lien is situated;

(B) With Clerk Of District Court - In the office of the clerk of tha United States dietrict court for the judicial district in which the property subject to lien le situated, whenever the State has not by law designated one office which meets the requirements of eubparagraph (A), or

(C) With Recorder Of Deeds Of The District Of Columbia - In the office of the Recorder of Deeds of the Dietrict of Columbia, if the property subject to the lian is situated in the District of Columbia.

(2) Situs Of Property Subject To Lien - For purposes of paragraphs (1) end (4), property shall be deemed to be eltuated -

(A) Real Property - in the case of real property, at its physical location; or

(B) Personal Property - In the case of personel property. whether tangible or intangible, at the residence of the taxpeyer at the time the notice of lien is filed.

For purposes of paragraph (2) (B), the residence of a corporation or partnership shall be deemed to be the place at which the principal executive office of the business is located, and the residence of a taxpaver whose residence is without the United States shall be deemed to be in the District of Columbia.

(3) Form - The form and content of the notice referred to in subsection (a) shall be prescribed by the Secretary. Such notice shall be valid notwithstanding any other provision of law regarding the form or content of a notice of iten.

Note: See section 6323(b) for protection for 3 certain interests even though notice of lien simposed by section 6321 is filed with respect to:

- Securities
- Motor vehicles
- Personal property purchased at retail



(g) Refilling Of Notice. — For purposes of this section

(1) General Rule. — Unless notice of Ilen is reflied in the manner prescribed in paragraph (2) during the required refiling period, such notice of lien shall be treated as filed on the date on which it is filed (in accordance with subsection (f)) after the expiration of such refiling period.

(2) Place For Filing. — A notice of lian reflied during the required refiling period shall be effective only

(I) such notice of lien is reflied in the office in which the prior notice of lien was filed, and

(ii) in the case of real property, the fact of refiling is entered end recorded in an index to the extent required by aubsection (f) (4), and

(B) in any case in which, 90 days or more prior to the dete of a refiling of notice of lien under subparagraph (A), the Secretary received written information (in the manner prescribed in regulations issued by the Secretary) concerning a change in the taxpayer's residence, if a notice of such lish is also filed in accordance with subsection (f) in the State in which euch residence is located.

(3) **Required Refiling Period.** — In the case of eny notice of lien, the term "required refiling period" meens -(A) the one-year period ending 30 days after the expiration of 6 years after the date of the assessment of the tax, and (B) the one-year period ending with the expiration of 6 years after the close of the preceding required refiling period for auch notice of lien.

Sec. 6325 Release Of Lien Or Discharge Of Property.

(a) Release Of Lien. - Subject to such regulations as the Secretary may prescribe, the Secretary shall issue a certificate of release of eny lien imposed with respect to any internal revenue tax not later than 30 days after the day on

(1) Liability Setisfied or Unenforceable - The Secretary finds that the liability for the emount assessed, together with ell interest in respect thereof, has been fully satisfied or has become legally unenforceable; or

(2) Bond Accepted - There is furnished to the Secretary and accepted by him a bond that is conditioned upon the payment of the amount assessed, together with all Interest in respect thereof, within the time prescribed by law (including any extension of such time), and that is in accordance with such requirements relating to terms, conditione, and form of the bond and sureties thereon, as may be specified by such regulations.

Sec. 6103. Confidentiality and Disclosure of Returns and Return Information. -

(k) Disclosure of Certain Returns and Return Information For Tax Administration Purposes. -

(2) Disclosure of amount of outstanding lien. - if a notice of lien has been filed pursuant to section 6323(f), the amount of the outstanding obligation secured by such lien may be disclosed to any person who furnishes satisfactory written evidence that he has a right in the property subject to such lien or intends to obtain a right in such property.

The said of the

Department of the Treasury - Internal Revenue Service

| District                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       | ce of Federal Tax                                                                                                     |                                                                      |                                                      | For Optional Use by Recording Office          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------|
| ltimore                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       | 5 2 9 4 1                                                                                                             |                                                                      |                                                      | Opasial ost by necorally Office               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       |                                                                                                                       |                                                                      |                                                      | · · · · · · · · · · · · · · · · · · ·         |
| otice is givesessed agains in the second in | en that taxes<br>sinst the follow<br>as been made,<br>s United States | t1, 6322, and 6323 of the control of these taxes, accrue. | nd penalties) i<br>Demand for p<br>Therefore, the<br>hts to property | have been<br>ayment of<br>ire is a lien<br>belonging | CLERK CIRCUI<br>SI AUS I I PI<br>QUEEN AKNE'S |
| ame of Taxpay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | /er                                                                   | ·                                                                                                                     | <del></del> .                                                        |                                                      | REGETYED<br>CIRCUIT<br>11 PM<br>ANNE'S CO     |
| Martha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Thompson                                                              | •                                                                                                                     |                                                                      |                                                      |                                               |
| esidence 680<br>Dan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 6 Merrimac<br>vidsonvill                                              | Court<br>e, Maryland 210                                                                                              | 35                                                                   |                                                      | PH 2: 26                                      |
| notice of ilen is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | refiled by the date<br>ate as a certificate                           | ATION: With respect to each a given in column (e), this no of release as defined in IRC to                            | tice shall, on the d                                                 | ay following                                         |                                               |
| Kind of Tax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Tax Period<br>Ended                                                   | Identifying Number                                                                                                    | Date of<br>Assessment                                                | Last Day for Refiling                                | Unpaid Balance of Assessment                  |
| (a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (b)                                                                   | (c)                                                                                                                   | (d)                                                                  | (e)                                                  | (1)                                           |
| 1040                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 12/31/86                                                              | 225-94-5792                                                                                                           | 8/10/94                                                              | 8/10/04                                              | 97,820.00                                     |
| 1040                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 12/31/87                                                              | 225-94-5792                                                                                                           | 8/10/94                                                              | 8/10/04                                              | 166,990.00                                    |
| 1040                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 12/31/88                                                              | 225-94-5792                                                                                                           | 8/10/94                                                              | 8/10/04                                              | 121,696.00                                    |
| 1040                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 12/31/89                                                              | 225-94-5792                                                                                                           | 8/10/94                                                              | 8/10/04                                              | 101,162.00                                    |
| 1040                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 12/31/90                                                              | 225-94-5792                                                                                                           | 8/10/94                                                              | 8/10/04                                              | 120,546.00                                    |
| 1040                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 12/31/91                                                              | 225-94-5792                                                                                                           | 8/10/94                                                              | 8/10/04                                              | 204,937.00                                    |
| 1040                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 12/31/92                                                              | 225-94-5792                                                                                                           | 8/10/94                                                              | 8/10/04                                              | 190,370.00<br>223,308.00                      |
| 1040                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 12/31/93                                                              | 225-94-5792                                                                                                           | 8/10/94                                                              | 8/10/04                                              | 223,308.00                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       |                                                                                                                       |                                                                      |                                                      |                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       |                                                                                                                       |                                                                      |                                                      |                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       |                                                                                                                       |                                                                      |                                                      |                                               |
| ace of Filing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Clark of                                                              | the Circuit Cou                                                                                                       | rt                                                                   |                                                      |                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | for Queen                                                             | Anne's County<br>le, Maryland 21                                                                                      |                                                                      | Total                                                | \$ 1,226,829.00                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       | 8401 Corpor                                                                                                           | ate Drive,                                                           | Landover                                             | , Md.                                         |
| nis notice was                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | prepared and s                                                        | igned at                                                                                                              | -                                                                    |                                                      | , on th                                       |
| 11th<br>eday                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | August<br>of                                                          | 94<br>_, 19                                                                                                           |                                                                      |                                                      |                                               |
| ignature,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ALD.                                                                  |                                                                                                                       | Title                                                                |                                                      |                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       |                                                                                                                       | 1                                                                    |                                                      |                                               |

(NOTE: Certificate of officer authorized by law to take acknowledgments is not essential to the validity of Notice of Federal Tax lien Rev. Rul. 71-466, 1971 - 2 C.B. 409)

ZO AVO dreen anne's country [ FOR RECORD THIS A.M. 1 AT 11.099 M



Department of the Treasury - Internal Revenue Service

Form 668 (Y)

(Rev. October 1993)

# **Notice of Federal Tax Lien**

| District                                                                          | •                                                                                              | Serial Num                                                                                                                                                 | ber                                                                                          | For O                                          | otional Use by Recording Office          | - · 🜒                                  |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------|----------------------------------------|
| <b>B</b> A                                                                        | Litimore, M                                                                                    | 10                                                                                                                                                         | 527414                                                                                       | 157                                            |                                          | 000                                    |
| As provided Code, we are have been ass a demand for there Is a lier property belo | by sections 63 giving a notice sessed against payment of the in favor of the onging to this to | 21, 6322, and 6323 or that taxes (including the following-named his liability, but it renue United States on altaxpayer for the amo and costs that may are | g interest and p<br>taxpayer. We ha<br>nains unpaid. T<br>Il property and<br>unt of these ta | enalties)<br>ve made<br>herefore,<br>rights to | OUEEN ANNE'S COULTY OLENK, CIRCUIT COULT |                                        |
| Name of Taxpa                                                                     | yer LALETA                                                                                     | L BALL                                                                                                                                                     |                                                                                              |                                                | MED COUNT<br>MIN COUNT                   | •                                      |
|                                                                                   | ed non (194                                                                                    | Love Foint RD<br>127 MD 21666-8                                                                                                                            | 1104                                                                                         |                                                | 77 YEAR                                  |                                        |
| <ul><li>unless notice</li></ul>                                                   | of lien is refiled<br>bllowing such da                                                         | ORMATION: For each by the date given in coute, operate as a certificate,                                                                                   | olumn (e), this no                                                                           | tice shall,                                    |                                          | •                                      |
| Kind of Tax                                                                       | Tax Period<br>Ended<br>(b)                                                                     | IdentifyIng Number                                                                                                                                         | Date of Assessment                                                                           | Last Day for<br>Refiling<br>(θ)                | Unpaid Balance<br>of Assessment<br>(f)   | -<br>-                                 |
| )_15                                                                              | 12/31/88<br>12/31/90                                                                           | 214-50-1325<br>214-50-1525                                                                                                                                 | 12/30/91                                                                                     | 01/29/02<br>06/19/01                           | 1838.42<br>3Ø19.35                       |                                        |
|                                                                                   |                                                                                                |                                                                                                                                                            | 198                                                                                          |                                                |                                          | •                                      |
|                                                                                   |                                                                                                |                                                                                                                                                            |                                                                                              |                                                |                                          | 4                                      |
|                                                                                   |                                                                                                |                                                                                                                                                            |                                                                                              | town of the second                             |                                          | S. K. V                                |
|                                                                                   |                                                                                                |                                                                                                                                                            |                                                                                              |                                                |                                          | _ 4                                    |
| Place of Filing                                                                   | CLERK<br>QUEEN                                                                                 | of the circuit<br>anne's county<br>Eville, MD 21                                                                                                           | COURT                                                                                        | Tota                                           | al \$ 4857.77                            | اداد د موسید<br>اداد ادام<br>اداد ادام |
| This notice wa                                                                    | is prepared an                                                                                 | d signed atBALT                                                                                                                                            | imore, (ID                                                                                   |                                                | , on this                                | 5,                                     |
| the <u>Ø8</u> c da                                                                | y of <u>இப்</u> த                                                                              | <u> 년동</u> 한 , 19 <u> 영</u> 생.                                                                                                                             |                                                                                              |                                                |                                          | 097                                    |
| Signature for                                                                     | To House                                                                                       | W AI                                                                                                                                                       | Title                                                                                        | MANA9<br>52-0                                  | BER<br>1 —6999                           | _ (                                    |
| (NOTE: Certi                                                                      | ificate of officer aut<br>-466, 1971 - 2 C.B.                                                  | horized by law to take acknown 409)                                                                                                                        | owledgments is not o                                                                         | essential to the validity                      | of Notice of Federal Tax lien            | ).<br>•••                              |

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Form 668 (Y) (Rev. October 1993)

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Department of the Treasury - Internal Revenue Service

Notice of Federal Tax Lien

For Optional Use by Recording Office Serial Number District 529414392 BALTIMORE, MD As provided by sections 6321, 6322, and 6323 of the Internal Revenue QUEEN ARRE'S COURT Code, we are giving a notice that taxes (including interest and penalties) have been assessed against the following-named taxpayer. We have made a demand for payment of this liability, but it remains unpaid. Therefore, there is a lien in favor of the United States on all property and rights to property belonging to this taxpayer for the amount of these taxes, and additional penalties, interest, and costs that may accrue. Name of Taxpayer STEPHEN J & JAMIE L SCHERTLER Residence 135 OLIVE BRANCH RD STEVENSVILLE, MD 21666-**3667** IMPORTANT RELEASE INFORMATION: For each assessment listed below. unless notice of lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a). Tax Period Date of Last Day for Unpaid Balance Kind of Tax Ended Identifying Number Assessment Refiling of Assessment (a) (b) (d) (e) (c) (1) Ø4/21/9B Ø3/22/88 1040 12/31/85 577-76-676**4** Place of Filing CLERK OF THE CARCUIT COURT Total 0.00 QUEEN ANNE'S COUNTY CENTREVILLE, 1111 21617 This notice was prepared and signed at \_\_\_RALTIMORE, MD <u>August</u> . 19 <u>94</u>. <u>10t</u>hday of \_\_\_ Signature Title MANAGER ACS 52-01-6999

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Form 668 (Z)

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Department of the Treasury - Internal Revenue Service

## Certificate of Release of Federal Tax Lien

(Rev. 5-94) District Serial Number For Use by Recording Office 529414392 BALTIMORE, MD I certify that as to the following-name taxpayer, the requirements of section 6325 (a) of the Internal Revenue Code have been satisfied for the taxes listed below and for all statutory additions. Therefore, the ilen provided by Code section 6321 for these taxes and additions has been released. The proper officer in the office where the QUEEN ANNE'S COUNT August 19 notice of internal revenue tax lien was filed on  $\frac{4}{4}$ , is in authorized to note the books to show the release of this lien for these taxes and additions Name of Taxpayer STEPHEN J & JAMIE L SCHERTLER Residence 135 OLIVE BRANCH RD STEVENSVILLE, MD 21666-3667 COURT RECORDING INFORMATION: UCC No. Serial No. Liber Page 2153 128 1 n/a Last Day for Unpaid Balance Tax Period Date of of Assessment Identifying Number Refiling Kind of Tax Ended Assessment (f)(b) (c) (d) (B) (8) 04/21/98 1040 12/31/85 577-76-5764 03/22/88 Place of Filling CLERK OF THE CIRCUIT COURT Total \$ 0.00 QUEEN ANNE'S COUNTY CENTREVILLE, MD 21617 This notice was prepared and signed at \_\_\_\_\_\_BALTIMORE, MD the 10th day of October 19 95 Title Signature Chief, SPf

(NOTE: Certificate of officer authorized by law to take acknowledgments is not essential to the validity of Certificate of Release of Federal Tax lien Rev. Rul. 71-466, 1971-2

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lien # 2154

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Department of the Treasury - Internal Revenue Service

Notice of Federal Tax Lien

| Rev. October 1993)                                                                                                      |                                                                                                        | MOVII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | BISDST YOUS                                                                                                                          | n isk fign                      |                                                                           |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------|
| District                                                                                                                | <del></del>                                                                                            | Serial Numb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | er                                                                                                                                   | For Option                      | onal Use by Recording Office                                              |
| As provided by Code, we are ging have been assess a demand for puthere is a lien in property belong additional penalty. | iving a notice ssed against ties against the against the against the firms to this taties, interest, a | 11, 6322, and 6323 of that taxes (including he following-named tas liability, but it rema United States on all expayer for the amount oosts that may according to the states of the stat | 529414393<br>the Internal Re-<br>interest and pen-<br>xpayer. We have<br>iins unpaid. Ther<br>property and rigi<br>nt of these taxes | 3<br>Venue                      | ONAI Use by Recording Office  CILERIA DIRICULT COURT  OUEEN ANNE'S COUNTY |
| IMPORTANT R<br>unless notice of<br>on the day follor<br>in IRC 6325(a).                                                 | EVENSVILLE<br>ELEASE INFO<br>lien is retiled b<br>wing such date                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ssessment listed t<br>mn (e), this notice<br>te of release as d                                                                      | pelow,<br>shall,<br>éfined      | A                                                                         |
| Kind of Tax<br>(a)                                                                                                      | ax Period<br>Ended<br>(b)                                                                              | identifying Number (c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date of<br>Assessment<br>(d)                                                                                                         | Last Day for<br>Refiling<br>(e) | Unpaid Balance<br>of Assessment<br>(f)                                    |
|                                                                                                                         | 12/31/87<br>12/31/89                                                                                   | 577-76-5764<br>577-76-5764                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                      | 03/09/04<br>12/22/03            | 8990.78<br>8626.01                                                        |
| Place of Filing                                                                                                         |                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                      |                                 |                                                                           |
|                                                                                                                         |                                                                                                        | OF THE CIRCUIT<br>ANNE'S COUNTY<br>VILLE, MD 216                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                      | Total                           | \$ 17616.79                                                               |
| This notice was p                                                                                                       |                                                                                                        | signed at <u>DALTIM</u><br>st_, 19 <u>94</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ORE, MD                                                                                                                              |                                 | , on this,                                                                |
| Signature<br>for                                                                                                        | . Hoaran                                                                                               | ACS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Title                                                                                                                                | MANAGEF<br>52-Ø1-8              |                                                                           |
| (NOTE: Certificat                                                                                                       | te of officer author                                                                                   | rized by law to take acknowl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | edaments is not esser                                                                                                                | ntial to the validity of        | Notice of Federal Tax lien                                                |

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Form 668 (Y) (Rev. October 1993)

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Department of the Treasury - Internal Revenue Service

Motice of Federal Tax Lien

| District                                                                                    |                                                                                                    | Serial N                                                                                                                                                       | umber                                                                                                       |                                                             | For Option             | onal Use by Recording Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| As provided Code, we are have been as a demand to there is a lie property beloadditional pe | e giving a noticessessed againstor payment of the inflavor of the onging to this maities, interest | 10 321, 6322, and 632 s that taxes (include the following-name his liability, but it no United States or taxpayer for the all, and costs that may a RICHARDSON | 23 of the Interi<br>ding interest ared taxpayer. We<br>remains unpaid<br>a all property a<br>mount of these | nd penalties)<br>have made<br>1. Therefore,<br>nd rights to |                        | RECEIVED OLIERIA CHROUTT, COURT OLIERIA CHROUTT, COURT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| IMPORTANT<br>unless notice                                                                  | e of lien is refiled<br>ollowing such da                                                           |                                                                                                                                                                | column (e), this                                                                                            | notice shall,                                               |                        | ALTINOS S. ON UNITAL SERVICE STATE SERVICE SER |
| Kind of Tax                                                                                 | Tax Period<br>Ended<br>(b)                                                                         | Identifying Numb                                                                                                                                               | Date of Assessme                                                                                            | Last Dant Refil                                             | Ing                    | Unpaid Balance<br>of Assessment<br>(f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 1040<br>1040<br>1040                                                                        | 12/31/89<br>12/31/90<br>12/31/91                                                                   | 232-5Ø-7345<br>232-5Ø-7345<br>232-5Ø-7345                                                                                                                      | 5 11/22/9                                                                                                   | 3   12/22/                                                  | ØΒ                     | 22313.87<br>18235.29<br>33Ø4.86                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Place of Filing                                                                             | CLERK<br>QUEEN                                                                                     | OF THE CIRCU:<br>ANNE'S COUNT'<br>VILLE, MD :                                                                                                                  |                                                                                                             |                                                             | Total                  | \$<br>43854.02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                             |                                                                                                    | d signed at <u>BAL</u>                                                                                                                                         | TIMORE, MD                                                                                                  | · · · · · · · · ·                                           |                        | , on this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Signature                                                                                   | L. Hours                                                                                           | ent                                                                                                                                                            | Title                                                                                                       |                                                             | <br>IANAGER<br>32-Ø1-6 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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#### Department of the Treasury - Internal Revenue Service

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| ALTIMORE, M                                                                                    | םו                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| giving a notice sessed against payment of the infavor of the orging to this naitles, interest, | e that taxes (in<br>the following-<br>his liability, but<br>e United State<br>taxpayer for the<br>and costs that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ncluding in<br>named tax;<br>it it remain<br>es on all pi<br>he amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nterest and p<br>payer. We ha<br>is unpaid. The<br>roperty and it<br>of these tax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                                              | SI SEP -1 AH 9<br>QUEEN ANNE'S CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | RECEIVED<br>CLERK CIRCUIT C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| lyer CHARLES                                                                                   | S EVANS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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|                                                                                                | by sections 63 giving a notice sessed against repayment of the repayment o | by sections 6321, 6322, and giving a notice that taxes (it sessed against the following payment of this liability, but in favor of the United State anging to this taxpayer for the littles, interest, and costs that alties, interest, | Serial Number ALTIMORE, MD  by sections 6321, 6322, and 6323 of a giving a notice that taxes (including in sessed against the following-named taxy payment of this liability, but it remains in favor of the United States on all pringing to this taxpayer for the amount natities, interest, and costs that may accruble the series of lien is refiled by the date given in column billowing such date, operate as a certificate and costs in the series of lien is refiled by the date given in column billowing such date, operate as a certificate and costs in the series of lien is refiled by the date given in column billowing such date, operate as a certificate and costs in the series of lien is refiled by the date given in column billowing such date, operate as a certificate and costs in the series of lien is refiled by the date given in column billowing such date, operate as a certificate and costs.  CLERK OF THE CIRCUIT COULD COUNTY (COUNTY CENTREVILLE, MD 2161)  Sprepared and signed at BALTIMO and control of the series of | by sections 6321, 6322, and 6323 of the Internal giving a notice that taxes (including Interest and passessed against the following-named taxpayer. We have payment of this Ilability, but it remains unpadd. To in favor of the United States on all property and ingling to this taxpayer for the amount of these taxalities, interest, and costs that may accrue.  BYOF CHARLES S EVANS  O BOX 17 CEMETERY LANE SRASONVILLE. MD 21638-0017  RELEASE INFORMATION: For each assessment liste of lien is refiled by the date given in column (e), this not illowing such date, operate as a certificate of release at a certificate of the certificate of t | Serial Number  Serial Number  S29415562  by sections 6321, 6322, and 6323 of the Internal Revenue giving a notice that tares (including Interest and penalties) sessed against the following-named tarpayer. We have made payment of this liability, but it remains unpaid. Therefore, in in favor of the United States on all property and rights to right to right to remain the state of the taxpayer for the amount of these taxes, and rights to right to remain the state of the states and rights to right | Serial Number  Serial Number  S29415562  by sections 6321, 6322, and 6323 of the Internal Revenue giving a notice that taxes (including interest and penalties) sessed against the following-named taxpayer. We have made payment of this liability, but it remains unpaid. Therefore, in favor of the United States on all property and rights to ingling to this taxpayer for the amount of these taxes, and salties, interest, and costs that may accrue.  O BOX 17 CEMETERY LANE GRASONVILLE. MD 21638-0017  RELEASE INFORMATION: For each assessment listed below, of lien is refilled by the date given in column (e), this notice shall, illowing such date, operate as a certificate of release as defined a).  Tax Period Identifying Number Assessment (e)  (b) (c) (d) (e)  12/31/92 214-32-1360 01/10/94 02/09/04  CLERK OF THE CIRCUIT COURT Reflicting (e)  12/31/92 214-32-1360 01/10/94 02/09/04  CLERK OF THE CIRCUIT COURT CUEEN ANNE'S COUNTY CENTREVILLE, MD 21617  s prepared and signed at BALTIMORE, MD  Yof August 19 94  Title MANAGER | Serial Number  Serial Number  Serial Number  529415562  by sections 6321, 6322, and 6323 of the Internal Revenue giving a notice that taxes (including Interest and penalities) sessed against the following-named taxpayer. We have made payment of this liability, but it remains unpatid. Therefore, in favor of the United States on all property and rights to ngling to this taxpayer for the smount of these taxes, and salties, interest, and costs that may accrus.  10 BOX 17 CEMETERY LANE 18ASONVILLE. MD 21638-0017  RELEASE INFORMATION: For each assessment listed below, of lien is reflied by the date given in column (s), this notice shall, lilowing such date, operate as a certificate of release as defined (b).  12/31/92 214-32-1360 01/10/94 02/09/04 3722  CLERK OF THE CIRCUIT COURT Total \$ 3722  CLERK OF THE CIRCUIT COURT Total \$ 3722  CLERK OF THE CIRCUIT COURT Total \$ 3722  Sprepared and signed at BALTIMORE, MD  August 19 94. |

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Form 668 (Z)±282

Department of the Treasury - Internal Revenue Service

(Rev. 5-94)

# Certificate of Release of Federal Tax Lien

| District                                                                 |                                                                                                                           | Serial Num                                                                                                                                      | ber                                                                       |                                        | For Use by Recording Office                                  |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------|
| of the internal<br>all statutory ac<br>taxes and add<br>notice of intern | s to the following<br>Revenue Code h<br>dditions. Therefo<br>litions has been<br>nal revenue tax lic<br>n authorized to r | name taxpayer, the requave been satisfied for the re, the lien provided by (released. The proper offen was filed on Septerote the books to show | e taxes listed belo<br>Code section 632<br>Icer in the office<br>ember 01 | ow and for<br>I for these<br>where the | CLERK,<br><b>97 AUG</b><br>QUEEN ,                           |
| Name of Taxpa                                                            | yer<br>CHARLES                                                                                                            | S EVANS                                                                                                                                         |                                                                           |                                        | RECE<br>K. CIR<br>IG 19                                      |
| G                                                                        | RASONVILLE                                                                                                                |                                                                                                                                                 | -0017                                                                     |                                        | CLERK, CIRCUIT COURT 97 AUG 19 PH 12: 17 QUEEN ANNE'S COUNTY |
| COURT RECO<br>Liber                                                      | Page                                                                                                                      | UCC No.                                                                                                                                         | Serial N                                                                  | o.                                     |                                                              |
| Kind of Tax                                                              | 128 Tax Period Ended (b)                                                                                                  | Identifying Number                                                                                                                              | Date of Assessment (d)                                                    | Last Day for<br>Refiling<br>(e)        | Unpaid Balance<br>of Assessment<br>(f)                       |
| 1040                                                                     | 12/31/92<br>******                                                                                                        | 214-32-1360<br>******                                                                                                                           | 01/10/94<br>******                                                        | 02/09/04<br>******                     | 3722.25                                                      |
|                                                                          | ·                                                                                                                         |                                                                                                                                                 |                                                                           |                                        |                                                              |
|                                                                          |                                                                                                                           |                                                                                                                                                 |                                                                           |                                        |                                                              |
|                                                                          | ,                                                                                                                         | <del></del>                                                                                                                                     |                                                                           | •                                      |                                                              |
| Place of Filing                                                          | QUEEN (                                                                                                                   | OF THE CIRCUIT<br>ANNE'S COUNTY<br>VILLE, MD 216                                                                                                |                                                                           | Tota                                   | 3722.25                                                      |
| This notice was                                                          |                                                                                                                           | gned at <del>Ealtim</del>                                                                                                                       |                                                                           |                                        | , on this,                                                   |
| the <u>11th</u> day                                                      | ol <u>luly</u>                                                                                                            | , 19 <u>97</u>                                                                                                                                  |                                                                           |                                        |                                                              |
| Signature                                                                |                                                                                                                           |                                                                                                                                                 | Title                                                                     | Chief, SPf                             |                                                              |

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Form 668 (Y)

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Department of the Treasury - Internal Revenue Service

Motice of Federal Tax Lien (Rev. October 1993) For Optional Use by Recording Office District Serial Number BALTIMORE, MD 52941563Ø As provided by sections 6321, 6322, and 6323 of the Internal Revenue Code, we are giving a notice that taxes (including interest and penalties) have been assessed against the following-named taxpayer. We have made a demand for payment of this liability, but it remains unpaid. Therefore, there is a lien in favor of the United States on all property and rights to property belonging to this taxpayer for the amount of these taxes, and additional penalties, interest, and costs that may accrue. Name of Taxpayer PHILIF W & CAROL L GOETTLING Residence 1818 MAIN STREET CHESTER, MD 21619-2604 IMPORTANT RELEASE INFORMATION: For each assessment listed below, unless notice of lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined. in IRC 6325(a). Last Day for Tax Period Date of Unpaid Balance Kind of Tax Ended Identifying Number Assessment Refiling of Assessment (a) (b) (d)(e) (f) 1040 12/31/92 216-74-5561 09/20/93 10/20/03 17699.62 1040 12/31/93 216-74-5561 06/22/04 7893.12 Ø5/23/94 Place of Filing CLERK OF THE CIRCUIT COURT Total QUEEN ANNE'S COUNTY 25592.74 CENTREVILLE, MD 21617 BALTIMORE, This notice was prepared and signed at \_ , on this, 29t bay of \_\_\_ August . 19\_ Signature Title MANAGER ACS 52-Ø1-6999

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OCEEN ANNES COUNTY, SC. 1 HEREBY CERTIFY THAN RECEIVED FOR RECORD THES

Lien # 2158

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Form 668 (Y) (Rev. October 1993)

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# Department of the Treasury - Internal Revenue Service

# Notice of Federal Tax Lien

| District                                                                         |                                                                                                                  | Serial Num                                                                                                                                                              | ber                                                                                                |                                                 | For Option | onal Use by Recording Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| В                                                                                | ALTIMORE, 1                                                                                                      | מר                                                                                                                                                                      | 5294158                                                                                            | 882                                             |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Code, we are have been as a demand fo there is a lie property beloadditional per | e giving a notic<br>sessed against<br>r payment of ti<br>n in favor of th<br>onging to this<br>naitles, interest | 321, 6322, and 6323 of that taxes (including the following-named this liability, but it removed the United States on all taxpayer for the amoust and costs that may act | j interest and plaxpayer. We ha<br>nains unpaid. T<br>Il property and<br>unt of these ta<br>ccrue. | enaities)<br>ivo made<br>hereiore,<br>rights to |            | RECEIVED CLEEK, CINCUIT COURT 91, SEP -6 ANTI: 50 OUEEN ANNE'S COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Name of Taxpa                                                                    | ayer CHASTA                                                                                                      | IN & FAYE BROOK                                                                                                                                                         | s<br>                                                                                              |                                                 |            | ANHE'S COURTHING STROUT COURTH |
|                                                                                  | 1721 PRICE<br>CHURCH HILI                                                                                        | STATION RD<br>_, MD 21623-97                                                                                                                                            | 62                                                                                                 |                                                 | -          | )<br>COURT<br><b>II: 50</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| _ unless notice                                                                  | e of lien is refiled<br>ollowing such da                                                                         | ORMATION: For each by the date given in coute, operate as a certific                                                                                                    | lumn (e), this no                                                                                  | tice shall, 🖟                                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Kind of Tax (a)                                                                  | Tax Period<br>Ended<br>(b)                                                                                       | ldentifying Number<br>(c)                                                                                                                                               | Date of Assessment (d)                                                                             | Last Da<br>Refilir<br>(e)                       |            | Unpaid Balance<br>of Assessment<br>(f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 1040<br>1040<br>1040<br>1040                                                     | 12/31/87<br>12/31/88<br>12/31/89<br>12/31/90                                                                     | 217-52-Ø988<br>217-52-Ø988<br>217-52-Ø988<br>217-52-Ø988                                                                                                                | 10/03/88<br>09/25/89<br>02/03/92<br>01/06/92                                                       | 11/02/<br>10/25/<br>03/04/<br>02/05/            | 99<br>Ø2   | 903.22<br>4028.86<br>5625.92<br>337.11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                  | v≟ na na                                                                                                         |                                                                                                                                                                         |                                                                                                    |                                                 | -          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Place of Filing                                                                  |                                                                                                                  | ANNE'S COUNTY                                                                                                                                                           | COURT                                                                                              | ,                                               | Total      | \$ 10895.11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                  |                                                                                                                  | d signed at <u>BALTI</u><br>USt , 19 <u>94</u> .                                                                                                                        | MORE, MD                                                                                           |                                                 |            | , on this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Signature                                                                        | L. Hoam                                                                                                          | ROS AC                                                                                                                                                                  | Title                                                                                              |                                                 | ANAGEI     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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.Form 668 (Y) (Rev. October 1993)

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### Department of the Treasury - Internal Revenue Service

Notice of Federal Tax Lien

| District                                                              |                                                                         |                                                                                     | Serial Num                                                                 | ber                                                                                                           |                                                 | For Option        | onal Use           | by Recording Office                                | _        |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------|--------------------|----------------------------------------------------|----------|
| В                                                                     | ALTIMORE,                                                               | MD                                                                                  |                                                                            | 529415                                                                                                        | 756                                             |                   |                    |                                                    | ŗ        |
| Code, we are have been as a demand for there is a liest property belo | giving a notic<br>sessed against<br>r payment of ti<br>n in favor of th | e that taxe<br>the following Hability<br>his Hability<br>he United S<br>taxpayer fo | s (including<br>ing-named t<br>, but it rem<br>states on al<br>or the amou | of the Internal printerest and printerest and printerest and printerest and property and unt of these taccus. | enalties)<br>ive made<br>herefore,<br>rights to |                   | QUEEN              | OLERK,                                             |          |
| Name of Taxpa                                                         | ayer THOMAS                                                             | E & LE                                                                              | E E MURR                                                                   | RAY                                                                                                           |                                                 |                   | QUEEN ANNE'S COUNT | CARCE CARCE                                        |          |
|                                                                       | 1718 BAYSI<br>CHESTER, M                                                |                                                                                     | E PO BOX<br>9-28 <b>3</b> 6                                                | 320                                                                                                           | - · ·                                           |                   | A LEMOS            | WHI COURT                                          | <u>.</u> |
| unless notice                                                         | of lien is refiled<br>bllowing such da                                  | by the date                                                                         | given in col                                                               | assessment liste<br>lumn (e), this no<br>ate of release a                                                     | tice shall,                                     |                   |                    | o                                                  |          |
| Kind of Tax<br>(a)                                                    | Tax Period<br>Ended<br>(b)                                              |                                                                                     | g Number<br>(c)                                                            | Date of<br>Assessment<br>(d)                                                                                  | Last Da<br>Refill<br>(e)                        | ňg                |                    | paid Balance<br>Assessment<br>(f)                  | _        |
| 1040<br>1040<br>1040<br>1040<br>1040                                  | 12/31/86<br>12/31/89<br>12/31/90<br>12/31/91<br>12/31/92                | Ø97-<br>Ø97-<br>Ø97-                                                                | 26-5121<br>26-5121<br>26-5121<br>26-5121<br>26-5121                        | 01/10/94<br>11/01/93<br>10/18/93<br>10/18/93<br>10/11/93                                                      | Ø2/Ø9<br>12/Ø1<br>11/17<br>11/17<br>11/1Ø       | /Ø3<br>/Ø3<br>/Ø3 |                    | 8020.80<br>4234.46<br>1281.53<br>879.16<br>1285.11 | è        |
| ·                                                                     | ·.                                                                      |                                                                                     |                                                                            |                                                                                                               | ,                                               |                   |                    |                                                    |          |
|                                                                       |                                                                         |                                                                                     | <u>,</u> ,                                                                 |                                                                                                               |                                                 |                   |                    | •.                                                 | ť        |
| Place of Filing                                                       | QUEEN                                                                   | OF THE                                                                              |                                                                            | r COURT                                                                                                       |                                                 | Total             | \$                 | 15701.06                                           | _        |
| Γhis notice ₩a                                                        | s prepared and                                                          | d signed af                                                                         | BALT                                                                       | IMORE, MD                                                                                                     |                                                 |                   |                    | , on thi                                           | s,       |
| heda                                                                  | y of                                                                    | just<br>, 19_                                                                       | <del>94</del>                                                              |                                                                                                               |                                                 |                   |                    |                                                    | Ą        |
| Signature<br>for                                                      | L. Hown                                                                 | un!                                                                                 | A                                                                          | CS                                                                                                            |                                                 | MANAGE<br>52-Ø1-  |                    |                                                    | _        |
| (NOTE: Certi<br>Rev. Rul. 71                                          | ficate of officer aut<br>466, 1971 - 2 C.B.                             | horized by law<br>409)                                                              |                                                                            | wledgments is not e                                                                                           |                                                 | validity of       |                    | Federal Tax lien<br>(58 (Y) (Rev. 10-9             | 3)       |

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PARRIE E WIRRAY

1713 BAYATER DRIVE PO BOX 320 CHEATER MO COCETHARS

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21501 Page USC no. Sandal No. 1689 169 169 169

88118\91 0400 02/09/04 097-26-5121 01/30/94 93.0508 \_\_12/Gil/Gy \_\_ 097; 26:5121 \_\_11/01/C3\_ LC40 \_4204\_c6\_ 12201/0000111,51 COSC 09/-26~8201 to/16/96 1081 58 11/17/03 12/31/93 10/1~/35 ୯୬. ୧୭୫ 11/17/03 027-26-5121 CNOL 20102 12 1285 ): 80/11/01 1519-02 760 12/01/92 (b) 4(c) 

> JUDAN 15 THE MINCUIT COURY QUEEN ANNETS COUNTY CEMTRENJULK, MO LILLIT

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Form 668 (Z)

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Department of the Treasury - Internal Revenue Service

### Partificate of Dalages of Endoral Tay I

Certificate of Release of Federal Tax Lien (Rev. 5-94) Serial Number District For Use by Recording Office BALTIMORE, MD 529415756 I certify that as to the following-name taxpayer, the requirements of section 6325 (a) of the Internal Revenue Code have been satisfied for the taxes listed below and for all statutory additions. Therefore, the lien provided by Code section 6321 for these taxes and additions has been released. The proper officer in the office where the notice of internal revenue tax lien was filed on \_ , is in authorized to note the books to show the release of this lien for these taxes and additions Name of TaxpayerTHOMAS E & LEE E MURRAY Residence 1718 BAYSIDE DRIVE PO BOX 320 CHESTER, MD 21619-2836 COURT RECORDING INFORMATION: Liber Page UCC No. Serial No. 1 128 2159 n/a Tax Period Date of **Last Day for** Unpaid Balance **Identifying Number** Refiling of Assessment Kind of Tax Ended Assessment (a) (b) (c) (d) (e) (1) 097-26-5121 8020.80 1040 12/31/88 01/10/94 02/09/04 4234.46 1040 12/31/89 097-26-5121 11/01/93 12/01/03 1040 12/31/90 097-26-5121 10/18/93 11/17/03 1281.53 10/18/93 11/17/03 12/31/91 879.16 1040 097-26-5121 1285.11 1040 12/31/92 097-26-5121 10/11/93 11/10/03 \*\*\*\*\*\*\*<del>\*</del>\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\* Place of Filing CLERK OF THE CIRCUIT COURT Total \$ 15701.06 QUEEN ANNE'S COUNTY CENTREVILLE, MD 21617 BALTIMORE, MD This notice was prepared and signed at \_ the 25th day of October Title Signature Chief, SPf

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Meredith K.

I HEREBY CERTIFY THA.

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RECORD EDOIX FOR CUTIEN ANNUELL

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Lien # 2160

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| rm 668 (¥)<br>iv. October 1993)                                   |                                                                                        |                                                                                                                                                             | of the Treasury -<br>ICO Of Foods                                                              |                                                  |           |                     |                                  |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------|---------------------|----------------------------------|
|                                                                   |                                                                                        | Serial Nur                                                                                                                                                  |                                                                                                |                                                  |           | onal Use hu         | Recording Office                 |
| strict<br>B                                                       | ALTIMORE,                                                                              |                                                                                                                                                             | nber<br>529415                                                                                 | 569Ø                                             | - 3. 3pii |                     | ombe                             |
| code, we are ave been as:  demand for here is a lier roperty belo | giving a notic<br>sessed against<br>payment of the<br>in favor of the<br>nging to this | 321, 6322, and 6323 to that taxes (including the following-named his liability, but it retailed by the same taxpayer for the amount of the costs that may a | g interest and j<br>taxpayer. We ha<br>mains unpaid. T<br>all property and<br>punt of these ta | penalties)<br>ave made<br>herefore,<br>rights to |           | OUEEN ALKE'S COUNTY | CLERK CI                         |
| me of Taxpa                                                       | ıyer MEREDI                                                                            | тн к мсвоивн                                                                                                                                                |                                                                                                |                                                  |           | SE'S                | $\circ$                          |
|                                                                   | 411 KENTMO<br>STEVENSVIL                                                               |                                                                                                                                                             | 31Ø7                                                                                           |                                                  |           | WHII: 50            | 1)<br>1) CGURT                   |
| unless notice                                                     | of lien is refiled<br>llowing such da                                                  | ORMATION: For each by the date given in cate, operate as a certification.                                                                                   | olumn (e), this no                                                                             | tice shall,                                      | 2         |                     |                                  |
| (ind of Tax<br>(a)                                                | Tax Period<br>Ended<br>(b)                                                             | ldentifying Number<br>(c)                                                                                                                                   | Date of Assessment (d)                                                                         | Last Da<br>Refiii<br>(e)                         | ng        | Unp<br>of A         | aid Balance<br>assessment<br>(f) |
| 1Ø4Ø                                                              | 12/31/92                                                                               | 386-40-2170                                                                                                                                                 | Ø5/31/93                                                                                       | Ø6/ <b>3</b> Ø                                   | /Ø3       |                     | 552.08                           |
| or .                                                              |                                                                                        |                                                                                                                                                             |                                                                                                |                                                  |           |                     |                                  |
|                                                                   |                                                                                        |                                                                                                                                                             |                                                                                                | - 33<br>- 33                                     |           |                     |                                  |
|                                                                   | 294)<br>1977 - 1                                                                       |                                                                                                                                                             |                                                                                                |                                                  |           |                     |                                  |
|                                                                   | 2 m                                                                                    | •                                                                                                                                                           |                                                                                                |                                                  |           |                     |                                  |
|                                                                   |                                                                                        | s.<br>Silver se                                                                                                                                             |                                                                                                |                                                  |           |                     | 4                                |
|                                                                   |                                                                                        |                                                                                                                                                             | 7.                                                                                             |                                                  |           |                     |                                  |
|                                                                   |                                                                                        |                                                                                                                                                             |                                                                                                | •.*                                              |           |                     |                                  |
| ace of Filing                                                     |                                                                                        | OF THE CIRCUI                                                                                                                                               | T COURT                                                                                        | <u> </u>                                         | Total     | \$                  | 552.08                           |

Form 668 (Z)
(Rev. 10-2000)

2282

Department of the Treasury - Internal Revenue Service

## Certificate of Release of Federal Tax Lien

|                                                                                                |                                                                                                              |                                        |                                       | _                                                                                  |                               |                           |                                                                      |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------|------------------------------------------------------------------------------------|-------------------------------|---------------------------|----------------------------------------------------------------------|
| Area:<br>SMALL BUSINESS                                                                        | C/SELE EMDIO                                                                                                 | VED AREA #4                            | Serial I                              | Number                                                                             | ,                             | For Us                    | e by Recording Office                                                |
| ien Unit Phone:                                                                                | (410) 962-18                                                                                                 | 71 AREA #4                             |                                       | 52941569                                                                           | 0                             | 1                         |                                                                      |
| of the internal Re<br>additions: Theref<br>additions has bee<br>internal revenue to<br>1994 is | venue, Code has ore, the lien pro or released. The ax lien was filed authorized to no additions.  r MEREDITH |                                        | s listed Intion 632<br>the officember | below and all st<br>21 for these tax<br>se where the no<br>5 06<br>release of this | atutory<br>es and<br>otice of |                           | RECEIVED CLERK, CIRCUIT COURT OIMAY 23 PM 12: 45 OUEEN ANNE'S COUNTY |
| gema of Taxpayo<br>Tiper Lasbayo<br>Turu 158                                                   | COURT<br>UCC No.                                                                                             | RECORDING I<br>Serial No.<br>2160      | NFORM                                 | MATION:                                                                            |                               |                           |                                                                      |
| թոգլուստ թու թավ<br><b>Kind of Tax</b> p թակ<br>որ <b>(a)</b> լերաը                            | Fax Period Ending (b)                                                                                        | Identifying Num                        | ıber A                                | Date of<br>Assessment<br>(d)                                                       | Re                            | Day for<br>efiling<br>(e) | Unpaid Balance<br>of Assessment<br>(f)                               |
|                                                                                                | 2/31/1992                                                                                                    | <del></del>                            |                                       | 5/31/1993                                                                          | 06/3                          | 0/2003                    | 552.08                                                               |
|                                                                                                |                                                                                                              |                                        |                                       |                                                                                    |                               |                           |                                                                      |
| Place of Filing                                                                                | QUEEN                                                                                                        | OF THE CIR<br>ANNE'S COU<br>EVILLE, MD | NTY                                   |                                                                                    |                               | Total                     | \$ 552.08                                                            |
| This notice was p                                                                              |                                                                                                              | gned at                                |                                       | imore, MD                                                                          | _                             |                           | , on this,                                                           |
|                                                                                                |                                                                                                              | helta                                  |                                       | Mana                                                                               | iger<br>——                    |                           | ical Support                                                         |
| (NOTE: Certific                                                                                | ate of officer auth                                                                                          | orized by law to take                  | acknowle                              | edaments is not es                                                                 | sential to                    | the validity of           | Certificate of Release of                                            |

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(38) 3 (1)

Lien # 2161

Ch REPORTER OF

0H18F5 5.0 8 37-61-6781

Form 668 (Y)

256

#### Department of the Treasury - Internal Revenue Service

| (Rev. October 1993)                                                             |                                                                                                                | Moti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ce of Fede                                                                                           | ral Tax                                         | Lien            |                                                                      |      |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------|----------------------------------------------------------------------|------|
| District                                                                        |                                                                                                                | Serial Num                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ber                                                                                                  | -                                               | For Option      | onal Use by Recording Office                                         | -    |
| As provided Code, we are have been as a demand for there is a lie property belo | by sections 6: giving a notic sessed against r payment of ti n in favor of th onging to this naities, interest | 4D 321, 6322, and 6323 of that taxes (including the following-named the following-named the liability, but it remove United States on all taxpayer for the amount and costs that may according to the second to the second taxpayer for the second tax | j interest and j<br>taxpayer. We ha<br>tains unpaid. T<br>I property and<br>unt of these ta<br>crue. | Revenue penalties) nve made herefore, rights to |                 | ONEEN ANKE'S COURTY<br>SI, SEP -8 AHID: I,I,<br>SI SEP -8 AHID: I,I, | 11)  |
| IMPORTANT<br>unless notice                                                      | 1450 MAIN S<br>MECHANICSBU<br>RELEASE INF<br>of lien is refiled<br>bllowing such da                            | ST-LISBURN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | assessment list<br>lumn (e), this no                                                                 | tice shall,                                     |                 | . <del></del>                                                        | ř.   |
| Kind of Tax<br>(a)                                                              | Tax Period<br>Ended<br>(b)                                                                                     | Identifying Number (C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date of Assessment (d)                                                                               | Last Da<br>Refili<br>(e)                        |                 | Unpaid Balance<br>of Assessment<br>(f)                               |      |
| 1040<br>1040<br>1040<br>1040                                                    | 12/31/88<br>12/31/89<br>12/31/9Ø<br>12/31/92                                                                   | 161-32-3436<br>161-32-3436<br>161-32-3436<br>161-32-3436                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Ø6/27/91<br>Ø6/27/91<br>Ø6/27/94<br>Ø7/25/94                                                         | Ø7/27/<br>Ø7/27/<br>Ø7/27/<br>Ø8/24/            | ′Ø1<br>′Ø4      | 3218.74<br>17495.51<br>14077.90<br>9129.27                           |      |
| r uran                                                                          | iga <del>eser</del> nie e                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                      |                                                 | , - 3           |                                                                      | - 17 |
| Place of Filing                                                                 |                                                                                                                | OF THE CIRCUIT<br>ANNE'S COUNTY<br>EVILLE, MD 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | COURT<br>617                                                                                         |                                                 | Total           | \$ 43921.42                                                          | _    |
| This notice wa                                                                  | y of <u>Sep</u>                                                                                                | cember 9 94                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MORE, MD                                                                                             |                                                 |                 | , on this                                                            | i, ( |
| Signature<br>for                                                                | S. HOENE                                                                                                       | norized by law to take acknow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Title                                                                                                |                                                 | 52 <b>-Ø</b> 1- |                                                                      | _ (  |

anc. A . a Ser Lt. 60300 t 11 Lis - Unit Phor v 1-Neral to be p 10 ыя: Ави oddio Carligo (+ ) 1 ( ) 2 ( ) 5 ( ) 5 ( ) 5 ( ) 5 ( ) 5 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) ne vite is usual tax tao in intige in the second of the se

#### \_ \_ \* \_ \_ Form 668 (Z)

(Rev. 10-2000)

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Department of the Treasury - Internal Revenue Service

### Certificate of Release of Federal Tax Lien

For Use by Recording Office Area: Serial Number SMALL BUSINESS/SELF EMPLOYED AREA #3 Lien Unit Phone: (410) 962-1871 529416014 I certify that the following-named taxpayer, under the requirements of section 6325 (a) of the Internal Revenue Code has satisfied the taxes listed below and all statutory QUEEN ANNE'S COUNT additions. Therefore, the lien provided by Code section 6321 for these taxes and additions has been released. The proper officer in the office where the notice of September 08 internal revenue tax lien was filed on  $1994_{-}$  , is authorized to note the books to show the release of this lien for these taxes and additions. Name of Taxpayer KEITH & SAUNDRA PEIFER Residence 1450 MAIN ST-LISBURN MECHANICSBURG, PA 17055  $\tilde{F}^{**}$  than  $\tilde{\Gamma}_{2}$  V ,  $\tilde{F}_{1}$  ,  $\tilde{T}_{2}$  ,  $\tilde{T}_{3}$  ,  $\tilde{\Psi}_{1}$  ,  $\tilde{\Psi}_{1}$  ,  $\tilde{Z}_{2}$  ,  $\tilde{Z}_{3}$  ast reput to the transfer of the Philips COURT RECORDING INFORMATION: Page OUCC No. No Serial No. Liber 7<sup>80</sup>.51 KE n/a Last Day for Refiling Tax Period Date of Unpaid Balance Kind of Tax **Identifying Number** n Ending , Assessment of Assessment (a) (b) (c) (d)(e) (f) 12/31/1988 06/27/1991 07/27/2001 1040 161-32-3436 3218.74 12/31/1989 161-32-3436 06/27/1991 07/27/2001 1040 4 17495.51 06/27/1994 07/27/2004 12/31/1990 161-32-3436 14077.90 1040 12/31/1992 161-32-3436 07/25/1994 08/24/2004 1040 9129.27 \* \* <del>\*</del> \* \* \* \* \* \* \* \* \* \* Or THI  $CI^{**}$  $Y_{t} = (Y_{t} - Y_{t}) \times \mathbb{I}$ ± Emoti 51303 Place of Filing CLERK OF THE CIRCUIT COURT Ś Total OUEEN ANNE'S COUNTY 43921.42 CENTREVILLE. MD 21617 T. 丁夏年0 Baltimore, This notice was prepared and signed at \_ , on this, March 16th 2001 day of 1 Compliance Technical Support Title Signature ripsi Manager

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Form 668 (Y)

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#### Department of the Treasury - Internal Revenue Service

| Serial Number    ev. October 1993)                                                                   |                                                                                                                    | Noti                                                                                                                         | ce of Fede                                                                                                      | Ket len                                                     | Lien       |                              | |
|---|---|---|---|---|---|---|---|
| As previoled by sections 3321, 6322, and 6323 of the Internet Revenue Code, we are giving a notice that taxes (Including Interest and panalities) have media a demand for pagment of this liability, but it remains unpaid. Therefore, there is a lian in favor of the United States on all property and rights to property belonging to this tempeyer for this amount of these tempe, and additional penalities, interest, and coate that may assists.  Amain of Taxpayer  WILLIAM E SHORTALL  sidence  PO BOX 61  UNEFORTANT RELEASE INFORMATION: For each assessment listed below, unless notice of lian is reflied by the date given in column (e), this notice shall on the day following such date, operate as a certificate of release as defined in IRC 5325(e).  IMPORTANT RELEASE INFORMATION: For each assessment listed below, unless notice of lian is reflied by the date given in column (e), this notice shall on the day following such date, operate as a certificate of release as defined in IRC 5325(e).  IMPORTANT RELEASE INFORMATION: For each assessment listed below, unless notice of lian is reflied by the date given in column (e), this notice shall on the day following such date, operate as a certificate of release as defined in IRC 5325(e).  IMPORTANT RELEASE INFORMATION: For each assessment listed below, unless notice of lian is reflied by the date given in column (e), this notice shall on the date given in column (e), this notice shall not shall be defined in IRC 5325(e).  IMPORTANT RELEASE INFORMATION: For each assessment listed below, unless notice of lian is reflied by the date given in column (e), this notice shall not shall be defined in IRC 5325(e).  IMPORTANT RELEASE INFORMATION: For each assessment listed below, unless notice of lian is reflied by the date given in column (e), this notice shall not shall be defined in IRC 5325(e).  IMPORTANT RELEASE INFORMATION: For each assessment listed below, unless notice of lian is reflied by the date given in column (e), this notice shall not shall be defined in IRC 5325(e).  IMPORTANT R | strict                                                                              |                                                                                                                    | Serial Num                                                                                                                   | ber                                                                                                             |                                                             | For Option | onal Use by Recording Office |
| Besidence PO BOX 61 OUECSNTOWN. MD 21658-0061  IMPORTANT RELEASE INFORMATION: For each assessment listed below, unless notice of lien is reflied by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 9325(a).  Kind of Tax Tax Period Ended (d) (e) (c) (c) (e) (e) (f) (e) (f) (f) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                     | ALTIMORE, N                                                                                                        | 4D                                                                                                                           | 529416                                                                                                          | 245                                                         |            | 6                            |
| Besidence PO BOX 61 OUECSNTOWN. MD 21658-0061  IMPORTANT RELEASE INFORMATION: For each assessment listed below, unless notice of lien is reflied by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 9325(a).  Kind of Tax Tax Period Ended (d) (e) (c) (c) (e) (e) (f) (e) (f) (f) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Code, we are have been as a demand for ihere is a lier property beid additional per | giving a notice<br>sessed against<br>payment of the<br>n in favor of the<br>anging to this t<br>naities, interest, | e that taxes (including<br>the following-named i<br>is ilability, but it rem<br>e United States on al<br>axpayer for the amo | of the Internal<br>g Interest and p<br>laxpayer. We ha<br>nains unpaid. T<br>Il property and<br>unt of these ta | Revenue<br>penalties)<br>ave made<br>horoforo,<br>rights to |            | OLETY CHACLS CON             |
| DUEESNTOWN, MD 21658-0061  IMPORTANT RELEASE INFORMATION: For each assessment listed below, unless notice of lien is retiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 5325(a).  Kind of Tax Period Ended Identifying Number Assessment Refilling of Assessment (a)  1040 12/31/88 220-26-8164 06/15/92 07/15/02 4409.12  CLERK OF THE CIRCUIT COURT Total \$ 4409.12  CENTREVILLE, MD 21617  Assessment in the column (a) the column (b), this notice was prepared and signed atRALTIMORE, MD, on this, and the column (c) title, and the column (c) title, and the column (c) title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ame of Taxpa                                                                        | Ayer<br>WILLIAN                                                                                                    | M E SHORTALL                                                                                                                 |                                                                                                                 |                                                             |            | )<br>133<br>33               |
| unless notice of light is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a).  IRX Period Identifying Number Assessment Refilling of Assessment (a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | i                                                                                   |                                                                                                                    | , MD 21658-Ø06                                                                                                               | 31 ·                                                                                                            |                                                             |            |                              |
| Assessment (a)   Company   | unless notice<br>on the day fo                                                      | of lien is refiled<br>blowing such da                                                                              | by the date given in co                                                                                                      | lumn (e), this no                                                                                               | tice shall, 🗇                                               |            |                              |
| ace of Filing  CLERK OF THE CIRCUIT COURT QUEEN ANNE'S COUNTY CENTREVILLE, MD 21617  Clerk of the circuit court Gueen Anne's County Centreville, MD 21617  Total  \$ 4409.12  Total  \$ 4409.12  Title  MANAGER  Title  MANAGER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Kind of Tax                                                                         | Tax Period<br>Ended                                                                                                |                                                                                                                              | Assessment                                                                                                      | Refill                                                      | ng         | of Assessment                |
| CLERK OF THE CIRCUIT COURT QUEEN ANNE'S COUNTY CENTREVILLE, MD 21617  dis notice was prepared and signed atBALTIMORFMD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1040                                                                                | 9                                                                                                                  | 22 <b>0-26-8164</b>                                                                                                          | ,06/15/92<br>,                                                                                                  | Ø7/15                                                       | /02        | 4407.12                      |
| CLERK OF THE CIRCUIT COURT QUEEN ANNE'S COUNTY CENTREVILLE, MD 21617  is notice was prepared and signed atBALTIMORE, MD, on this,  a@7+day of Septembel 994.  Institute                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                                                                                                                    |                                                                                                                              |                                                                                                                 |                                                             |            | ,                            |
| CLERK OF THE CIRCUIT COURT QUEEN ANNE'S COUNTY CENTREVILLE, MD 21617  is notice was prepared and signed atBALTIMORE, MD, on this,  a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     |                                                                                                                    |                                                                                                                              |                                                                                                                 |                                                             |            |                              |
| QUEEN ANNE'S COUNTY CENTREVILLE, MD 21617  is notice was prepared and signed at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ice of Filing                                                                       |                                                                                                                    |                                                                                                                              | <del></del>                                                                                                     |                                                             |            |                              |
| is notice was prepared and signed at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     | QUEEN                                                                                                              | ANNE'S COUNTY                                                                                                                |                                                                                                                 |                                                             | Total      | l ·                          |
| gnature Title MANAGER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     | s prepared and                                                                                                     | I signed at <u>BALT</u> I                                                                                                    |                                                                                                                 |                                                             |            | , on this,                   |
| MANAGER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     | •                                                                                                                  |                                                                                                                              | Title                                                                                                           | ·                                                           |            |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | for                                                                                 | T. Hours                                                                                                           | AC AC                                                                                                                        |                                                                                                                 |                                                             |            |                              |

DELAWARE-MARYLAND

September 14

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WILLIAM E SPORTALL

FO BOX 61 JUEESNYOWN,

21658-0041

COURT RECORDING INFORMATION:

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CLERK OF THE CIRCUIT COURT QUEEN ANNE'S COUNTY MD **CENTREVILLE:** 

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Form 668 (Z)223

Department of the Treasury - Internal Revenue Service

Rev. 5-94)

# Certificate of Release of Federal Tax Lien

|                                                                                                                                                                                                                                                                                   | te taxpayer, the requirements at is filed for the seed. The provided by Cased. The proper office as filed on September the books to show the shortall | 29416245 rements of section taxes listed belo ode section 6321 cer in the office mber 14 the release of th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ow and for<br>for these<br>where the | CLERK, CIRCUIT COURT 97 JUN 10 AM 10: 56  OUEEN ANNE'S COUNTY |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------|
| l certify that as to the following-name of the Internal Revenue Code have be all statutory additions. Therefore, the taxes and additions has been release notice of internal revenue tax lien was 19 94, is in authorized to note to these taxes and additions.  Name of Taxpayer | te taxpayer, the requirements at is filed for the seed. The provided by Cased. The proper office as filed on September the books to show the shortall | rements of section taxes listed belonged by taxes listed belonged by the control of the control | ow and for<br>for these<br>where the | CLERK, CIRCUIT COL<br>97 JUN 10 AM 10:<br>QUEEN ANNE'S COU    |
| WILLIAM E  Residence PO BOX 61 QUEESNTOWN,  COURT RECORDING INFORMA                                                                                                                                                                                                               | MD 21658-                                                                                                                                                                                                                                                                           | 0061                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      | D AMIO:                                                       |
| PO BOX 61<br>QUEESNTOWN,<br>COURT RECORDING INFORMA                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                     | 0061                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |                                                               |
| COURT RECORDING INFORMA                                                                                                                                                                                                                                                           | ATION:                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      | S6<br>NTY                                                     |
| 1 128                                                                                                                                                                                                                                                                             | UCC No.                                                                                                                                                                                                                                                                             | Serial N<br>2162                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | o                                    | ·                                                             |
| Tax Period Kind of Tax Ended Id (a) (b)                                                                                                                                                                                                                                           | dentifying Number<br>(c)                                                                                                                                                                                                                                                            | Date of<br>Assessment<br>(d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Last Day f<br>Refiling<br><i>(e)</i> |                                                               |
| 1040 12/31/88 22                                                                                                                                                                                                                                                                  | 20-26-8164<br>******                                                                                                                                                                                                                                                                | 06/15/92<br>******                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 07715/0                              | 2 4409.12                                                     |
|                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                                               |
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|                                                                                                                                                                                                                                                                                   | THE CIRCUIT<br>NE'S COUNTY<br>LE, MD 216                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Tc                                   | otal \$ 4409.12                                               |
| This notice was prepared and signed the _23rd day ofMay                                                                                                                                                                                                                           | dat <u>Baltim</u>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      | , on this,                                                    |
| Signature                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                     | Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      | <del></del>                                                   |

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REVENUE OFFICER EQ -Ø1-242P

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for R. EKEV

Form 668 (Y) (Rev. October 1993) 3Ø4

#### Department of the Treasury - Internal Revenue Service

Notice of Federal Tax Lien

For Optional Use by Recording Office Serial Number District 529416362 BALTIMORE, MD As provided by sections 6321, 6322, and 6323 of the Internal Revenue QUEEN ARNE'S COUNT Code, we are giving a notice that taxes (including interest and penalties) have been assessed against the following-named taxpayer. We have made a demand for payment of this liability, but it remains unpaid. Therefore, there is a lien in favor of the United States on all property and rights to property belonging to this taxpayer for the amount of these taxes, and additional penalties, interest, and costs that may accrue. Name of Taxpayer MARIE CATHERINE SMITH , a CORPORATION RELIABLE HOME SERVICES INC. Residence 107 PHIPPS LANE ANNAPOLIS, MD 21403 IMPORTANT RELEASE INFORMATION: For each assessment listed below. unless notice of lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a). Tax Period Date of . Last Day for Unpaid Balance Kind of Tax Ended: Identifying Number Assessment Refiling of Assessment (a) (b) (c) (d) ... (e) (f)52-1688907 Ø9/13/93 10/13/03 3379.93 941 06/30/93 941 09/30/93 52-1688907 12/13/93 01/12/04 2505.40 03/21/94 04/20/04 1764.18 12/31/93 52-1688907 941 04/01/91 05/01/01 696.68 940 12/31/90 52-1688907 2752.47 6051 12/31/90 52-1688907 Ø8/23/93 09/22/03 Place of Filing CLERK OF THE CIRCUIT COURT Total 11098.66 QUEEN ANNE'S COUNTY CENTREVILLE, 21617 MD This notice was prepared and signed at \_\_BALTIMORE. MD September<sub>19</sub> 94 the 09th day of\_ \ignature Title REVENUE OFFICER 52-01-2423 (NOTE: Certificate of officer authorized by law to take acknowledgments is not essential to the validity of Notice of Federal Tax lien

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REVENUE CERTOER 107 - 10-07

for W. AMES

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Department of the Treasury - Internal Revenue Service 422 Form 668 (Y) Notice of Federal Tax Lien (Rev. October 1993) For Optional Use by Recording Office District Serial Number BALTIMORE. MD 529416523 As provided by sections 6321, 6322, and 6323 of the Internal Revenue Code, we are giving a notice that taxes (including interest and penalties) have been assessed against the following-named taxpayer. We have made QUEEN ARRE'S COUNT a demand for payment of this liability, but it remains unpaid. Therefore, there is a lien in favor of the United States on all property and rights to property belonging to this taxpayer for the amount of these taxes, and additional penalties, interest, and costs that may accrue. Name of Taxpayer wilford L Tingle Residence P 0 BOX 312 GRASONVILLE, MD 21638 IMPORTANT RELEASE INFORMATION: For each assessment listed below. unless notice of lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined In IRC 6325(a) Tax Period Date of Last Day for Unpaid Balance Kind of Tax √ Ended Identifying Number Assessment Refiling of Assessment (a) (b) (c) (d) (e) (f)32059.76 1040 12/31/93 214-32-1713 04/18/94 05/18/04 Place of Filing CLERK OF THE CIRCUIT COURT Total QUEEN ANNE'S COUNTY 32059.76 CENTREVILLE, MD 21617 This notice was prepared and signed at \_\_BALTIMORE. MD . on this.

REVENUE OFFICER for W. AMES 52-01-1528

Title

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the 12thday of

Signature

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Signature

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### Department of the Treasury - Internal Revenue Service

Notice of Federal Tax Lien

For Optional Use by Recording Office Serial Number District 529416561 BALTIMORE, MD As provided by sections 6321, 6322, and 6323 of the Internal Revenue Code, we are giving a notice that taxes (including interest and penalties) have been assessed against the following-named taxpaver. We have made a demand for payment of this liability, but it remains unpaid. Therefore, there is a lien in favor of the United States on all property and rights to QUEEN ANHE'S COUNT property belonging to this taxpayer for the amount of these taxes, and additional penalties, interest, and costs that may accrue. Name of Taxpayer MICHAEL P & VICTORIA T MCCARTHY Residence 245 SHIPPING CR DR STEVENSVILLE, MD 21666-3045 IMPORTANT RELEASE INFORMATION: For each assessment listed below, unless notice of lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a). Unpaid Balance Tax Period Date of Last Day for of Assessment Refilling Kind of Tax Ended identifying Number. Assessment (f)(a) (b) (d) (e) (c) 3047.36 220-54-2163 Ø7/13/87 Ø8/12/97 1040 12/31/85 2039.47 Ø6/24/97 1Ø4Ø 12/31/86 220-54-2163 Ø5/25/87 220-54-2163 Ø5/29/89 Ø6/28/99 1040 12/31/88 2120.57 Ø6/Ø5/Ø1 220-54-2163 05/06/91 1040 12/31/88 Place of Filing CLERK OF THE CIRCUIT COURT Total 7207.40 QUEEN ANNE'S COUNTY CENTREVILLE, MD 21617 BALTIMORE, MD This notice was prepared and signed at \_ . on this. September 94 14thday of\_

(NOTE: Certificate of officer authorized by law to take acknowledgments is not essential to the validity of Notice of Federal Tax lien

Rev. Rul. 71-466, 1971 - 2 C.B. 409)

Form 668 (Y) (Rev. 10-93)

Title

REVENUE OFFICER

52-01-1520

3/65

### Form 668(Z) (Rev. 10-1999)

Department of the Treasury - Internal Revenue Service

# Certificate of Release of Federal Tax Lien

Serial Number For Use by Recording Office 529416561 Small Business/Self Employed Area: 04 I certify that as to the following-named taxpayer, the requirements of section 6325 (a) of the Internal Revenue Code have been satisfied for the taxes listed below and for all statutory PUEEN ANNE'S COUNTY additions. Therefore, the lien provided by Code section 6321 for these taxes and additions has been released. The proper officer in the office where the notice of internal revenue tax lien was filed on 09/16. 1994, is authorized to note the books to show the release of this lien for these taxes and additions. Name of Taxpayer MICHAEL P. & VICTORIA T MCCARTHY Residence 245 SHIPPING CR. DR. STEVENSVILLE, MD. 21666-3045 COURT RECORDING INFORMATION 2165/LIBER 1 PAGE 128 Unpaid Balance Identifying Number Last Day for Kind of Tax Tax Period Ended Date of of Assessment Refilina (b) (c) **Assessment** (a) **(f)** (e) (d) \$3,047.36 08/12/1997 12/31/1985 220-54-2163 07/13/1987 1040 \$2,039,47 220-54-2163 05/25/1987 06/24/1997 12/31/1986 1040 05/29/1989 06/28/1999 220-54-2163 12/31/1988 1040 05/06/1991 06/05/2001 \$2,120.57 12/31/1988 220-54-2163 1040 RECORDING FEE TOTAL 验材 9900 Ropt # 24891 Blk # 1326 RCB. No√ 13, 2002

This notice was prepared and signed at <u>SALISBURY MD.</u>, on this, the <u>4th</u> day of <u>November</u>, <u>2002</u>.

Signature

Place of Filing

CLERK OF THE CIRCUIT COURT

**CENTREVILLE, MARYLAND 21617** 

QUEEN ANNE'S COUNTY

JOANNE DUNNIGAN, Employee # - 5208293

Title

REVENUE OFFICER, Phone # - 410-749-0302

**Total** 

(NOTE: Certificate of officer authorized by law to take acknowledgements is not essential to the validity of Certificate of Release of Federal Tax Lien Rev. Rul. 71-466, 1971-2 C.B. 409)

Form **668(Z)** (Rev. 10-1999)

\$7207.40

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**United States** 

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# Release of Tax Lien

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and proper entry made in \_\_\_\_\_\_\_\_, page \_\_\_\_\_\_\_\_\_

Clerk (or Registrar).

Form 668(Z) (Rev. 4-84)

<u>;</u> }

Certificate of Release of Federal Tax Lien

(Rev. April 1984) Serial Number District For Optional Jee by Recording Office M Delaware-Maryland 529416561 ANNE'S COUNTY I certify that as to the following-named taxpayer, the requirements of section 6325 (a) of the Internal Revenue Code have been satisfied for the taxes listed below and for all statutory additions. Therefore, the lien provided by Code section 6321 for these taxes and additions has been released. The proper officer in the office where the notice of internal revenue tax llen was filed on \_September 16 19 94, is authorized to note the books to show the release of this lien for these taxes and additions. Name of Taxpayer VICTORIA T. MCCARTHY ONLY\*\* VICTORIA T. MCCARTH RECORDING FEE ONLY IN THE LIABILITY OF MICHAEL P. & VICTORIA T. MCCARTHY TOTAL Rest CAB1 Rost 🛊 78697 Residence 245 Shipping Circle Drive SH RCB Blk # 2871 Stevensville, Maryland 21666-3045 Jun 28, 1999 12:07 FE Unpaid Balance Tax Period Last Day for Date of Kind of Tax Ended Identifying Number Assessment Refiling of Assessment (a) (b) (c) (d) (<del>0</del>) **(f)** 1040 12/31/1985 220-54-2163 07/13/1987 08/12/1997 3047.36 1040 12/31/1986 220-54-2163 05/25/1987 06/24/1997 2039.47 1040 12/31/1988 220-54-2163 05/29/1989 06/28/1999 1040 12/31/1988 220-54-2163 05/06/1991 | 06/05/2001 2120.57 WITH RESPECT TO THE LIABILITIES OF VICTORIA T. MCCARTHY ONLY, THE INCOME TAX LIABILITIES SECURED BY THE SUBJECT LIEN FOR THE PERIODS ENDING DECEMBER 31, 1986 HAVE BEEN SATISFIED. IT HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE THAT VICTORIA T. MCCARTHY WAS NOT LIABLE FOR THE PERIOD ENDING DECEMBER 31, 1988. THIS JUSTIFIES THE ISSUANCE OF THIS CERTIFICATE WHICH RELEASES THE SUBJECT LIEN ONLY INSOFAR AS IT RELATES TO VICTORIA T. MCCARTHY IN THE LIABILITY OF

MICHAEL P. MCCARTHY. Place of Filing

NO. 25-0501000

CLERK OF THE CIRCUIT COURT

QUEEN ANNE'S COUNTY

CENTREVILLE, MARYLAND

Total

\$ 7207.40

| This certificate was prepared and signed at | Salisbury, Maryland | , on this, |
|---------------------------------------------|---------------------|------------|
|                                             | ,                   | ,          |

MICHAEL F. & VICTORIA T. MCCARTHY. THE LIEN IS NOT RELEASED AS IT RELATES TO

JUNE day of the .

munan

Title Signature

J. Dunnigan

Revenue Officer

Certificate of officer authorized by law to take acknowledgements is not essential to the validity of Certificate of Release of Federal Tax Lien Rev. Rul. 71-466, 1971-2

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## Department of the Treasury - Internal Revenue Service

| (Rev. October 1993)                                                 | · •                                                                                     | . Noti                                                                                                                                                       | ice of Fede                                                                                  | ral Tax Lien                                    | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| District                                                            | ,                                                                                       | Serial Num                                                                                                                                                   | ıber                                                                                         | For Option                                      | onal Use by Recording Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ВА                                                                  | LTIMORE, M                                                                              | ם                                                                                                                                                            | 5294165                                                                                      | 71                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Code, we are have been as a demand for there is a lie property belo | giving a notic<br>sessed against<br>payment of the<br>in favor of the<br>onging to this | 321, 6322, and 6323 of that taxes (including the following-named his liability, but it renue United States on all taxpayer for the amo and costs that may as | g interest and p<br>taxpayer. We ha<br>nains unpaid. T<br>Il property and<br>unt of these ta | enalties)<br>ive made<br>herefore,<br>rights to | oueen /<br>ouerc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Name of Taxpa                                                       | ayer DONALD                                                                             | L MOSSBURG JR                                                                                                                                                |                                                                                              |                                                 | ARRES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                     | 004 ACKERMA                                                                             |                                                                                                                                                              |                                                                                              |                                                 | ONEEN VIRIES SONULA<br>ON SEL 19 VIII : OO USE SECONOS LINCOLOS SONOS SONO |
| . unless notice                                                     | of lien is refiled<br>allowing such da                                                  | ORMATION: For each by the date given in cote, operate as a certific                                                                                          | lumn (e), this no                                                                            | tice shall,                                     | ~ ··                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Kind of Tax (a)                                                     | Tax Period<br>Ended<br>(b)                                                              | ldentifying Number<br>(C)                                                                                                                                    | Date of Assessment (d)                                                                       | Last Day for<br>Refiling<br>(e)                 | Unpaid Balance<br>of Assessment<br>(f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 1040<br>1040<br>1040<br>1040                                        | 12/31/89<br>12/31/90<br>12/31/91<br>12/31/92                                            | 212-68-5689<br>212-68-5689<br>212-68-5689<br>212-68-5689                                                                                                     | Ø5/Ø2/94<br>Ø5/Ø2/94<br>Ø4/25/94<br>Ø4/18/94                                                 | 06/01/04<br>06/01/04<br>05/25/04<br>05/18/04    | 2226.06<br>12392.32<br>19909.51<br>10019.13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Place of Filing                                                     | QUEEN                                                                                   | OF THE CIRCUIT<br>ANNE'S COUNTY<br>VILLE, MD 21                                                                                                              | COURT                                                                                        | Total                                           | \$ 44547.02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| This notice wa                                                      | s prepared and                                                                          | d signed atBALTII                                                                                                                                            | MORE, MD                                                                                     |                                                 | , on this,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| the 14thda                                                          | y of Sept                                                                               | emben 9 <u>94</u> .                                                                                                                                          |                                                                                              |                                                 | o,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Signature for                                                       | S. SUMMER                                                                               | KA                                                                                                                                                           | Title                                                                                        | REVENUE<br>52-Ø1-1                              | OFFICER<br>1520                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

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### Department of the Treasury - Internal Revenue Service

| (Rev. October 1993)                                                                                         | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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                                                                                                                                                                                                                                                          | For Op                                                      | otional Use by Recording Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| As provided Code, we are have been as a demand fo there is a lie property belo additional pe  Name of Taxpa | e giving a notice sessed against repayment of the implement of the impleme | 321, 6322, and 6323 ( e that taxes (including the following-named in the following-named in the following-named in the following but it remote the following and costs that may account the following the following and costs that may account the following and costs that may account the following following the following that may account the following following the following that may account to the following following the following following the following following the following following following the following fol | j interest and plaxpayer. We have and plaxpayer. We have and life | Revenue<br>penalties)<br>ave made<br>herefore,<br>rights to | OUEEN ARRES COURTY  96 SEP 19 PH 1: 08  OUERGORDON COURT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| IMPORTANT                                                                                                   | of lien is refiled<br>ollowing such da                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ORMATION: For each by the date given in coute, operate as a certification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| (a)                                                                                                         | (b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| -1Ø4Ø                                                                                                       | 12/31/92                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| lace of Filing                                                                                              | CLERK<br>QUEEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | OF THE CIRCUIT<br>ANNE'S COUNTY<br>VILLE, MD 216                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| This notice wa                                                                                              | s prepared and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| he <u>15t</u> hda                                                                                           | y of <u>Sept</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| Signature<br>for                                                                                            | L. 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(NOTE: Certificate of officer authorized by law to take acknowledgments is not essential to the validity of Notice of Federal Tax lien Rev. Rul. 71-466, 1971 - 2 C.B. 409) Form 668 (Y) (Rev. 10-93)

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### Department of the Treasury - Internal Revenue Service

| orm 668 (Y)                                                                    | ø                                                                                       | ·                                                                                                                                                                                                                                            | he Treasury - Internal R                                                                                   |                          | 09                                      |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------|
| tev. October 1993)                                                             | ' I                                                                                     | Notice                                                                                                                                                                                                                                       | e of Federal Ta                                                                                            | x Lien                   |                                         |
| istrict                                                                        |                                                                                         | Serial Number                                                                                                                                                                                                                                | <del></del>                                                                                                | For Option               | al Use by Recording Office              |
| As provided Code, we are nave been as demand for there is a lier property belo | giving a notic<br>sessed against<br>payment of the<br>in favor of the<br>onging to this | D  321, 6322, and 6323 of the that taxes (including in the following-named taxed the following-named taxed the first liability, but it remains the United States on all protections and costs that may accrumnt and costs that may accrumnt. | sterest and penalties) payer. We have made us unpaid. Therefore, roperty and rights to of these taxes, and | ) ·                      | 67 <b>5</b> % 65 % CLERY.               |
| ame of Taxpa                                                                   | ROBERT                                                                                  | K TAYLOR                                                                                                                                                                                                                                     |                                                                                                            | UDEEN ARNE'S COUNTY      | 80:1 Hd 61 435 %6<br>CTEUX CHOSHL COUVI |
|                                                                                | 7D QUEEN M<br>HESTER, MD                                                                |                                                                                                                                                                                                                                              |                                                                                                            | ALITIOC                  | <b>80 : 1</b>                           |
| unless notice                                                                  | of lien is refiled<br>blowing such da                                                   | ORMATION: For each ass by the date given in colum te, operate as a certificate                                                                                                                                                               | ın (e), this notice shall,                                                                                 | .                        |                                         |
| Kind of Tax<br>(a)                                                             | Tax Period<br>Ended<br>(b)                                                              | Identifying Number A                                                                                                                                                                                                                         | ssessment Re                                                                                               | Day for<br>filing<br>(e) | Unpaid Balance<br>of Assessment<br>(f)  |
| 1Ø4Ø                                                                           | 12/31/93                                                                                | 204-34-2517 05                                                                                                                                                                                                                               | 5/16/94 Ø6/15                                                                                              | 5/Ø4                     | 3072.27                                 |
|                                                                                |                                                                                         |                                                                                                                                                                                                                                              |                                                                                                            | - <del>(1</del>          |                                         |
| ace of Filing                                                                  |                                                                                         |                                                                                                                                                                                                                                              |                                                                                                            |                          |                                         |
|                                                                                | QUEEN                                                                                   | OF THE CIRCUIT CO<br>ANNE'S COUNTY<br>VILLE, MD 21617                                                                                                                                                                                        |                                                                                                            | Total                    | 3072.27                                 |
|                                                                                | / Of <u>Sept</u>                                                                        | signed at <u>BALTIMOR</u><br>ember19 <u>94</u> .                                                                                                                                                                                             | R <b>F M</b> Γι                                                                                            |                          | , on this,                              |
| gnature                                                                        | E. Houma                                                                                | ACS                                                                                                                                                                                                                                          | Title                                                                                                      | MANAGER<br>52-Ø1-69      | 99                                      |

(NOTE: Certificate of officer authorized by law to take acknowledgments is not essential to the validity of Notice of Federal Tax lien Rev. Rul. 77-466, 1971 - 2 C.B. 409)

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Form 668(Z) 2282

Department of the Treasury - Internal Revenue Service

| (Rev.8-97)                                                                |                                                                                                                   |                                                                                                                                                                    | of Release                                                                    | of Feder                                |               | . <u> </u>                             | _ |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------|---------------|----------------------------------------|---|
| District                                                                  |                                                                                                                   | Serial Nun                                                                                                                                                         | nber                                                                          | -                                       | For Use by    | Recording Office                       | _ |
| DELAWARE-                                                                 |                                                                                                                   |                                                                                                                                                                    | 529416690                                                                     |                                         |               |                                        |   |
| of the Intern<br>additions. The<br>additions has<br>internal reve<br>1994 | al Revenue Code h<br>nerefore, the llen p<br>is been released. T<br>nue tax llen was file<br>, is authorized to l | d taxpayer, under the relass satisfied the taxes involved by Code sections. The proper officer in the section of the books to show the books to show the sections. | listed below and a<br>tion 6321 for these<br>the office where the<br>ember 19 | all statutory te taxes and ne notice of | Oeer<br>Ar    | OLERK, O                               |   |
|                                                                           | and additions.                                                                                                    | ·                                                                                                                                                                  |                                                                               |                                         | 2<br>72<br>73 |                                        |   |
| Name of Tax                                                               | oayer ROBERT I                                                                                                    | K TAYLOR                                                                                                                                                           |                                                                               | `                                       | 00 8,         | WED<br>WED                             |   |
| Residence                                                                 | 27D QUEEN MA                                                                                                      |                                                                                                                                                                    |                                                                               |                                         | AMME'S COUNTY | <b>.51</b>                             |   |
| er Page<br>128                                                            |                                                                                                                   | ORDING INFORMA<br>rial No.<br>68                                                                                                                                   | TION:                                                                         | ·                                       |               |                                        |   |
| Kind of Tax<br>(a)                                                        | Tax Period Ended (b)                                                                                              | Identifying Number (c)                                                                                                                                             | Date of<br>Assessment<br>(d)                                                  | Last Day<br>Refilln<br><i>(e)</i>       |               | Unpaid Balance of<br>Assessment<br>(f) |   |
| 1040                                                                      | 2/31/1993                                                                                                         | 204-34-2517 0<br>*******                                                                                                                                           | 5/16/1994 (                                                                   | 06/15/200                               | )4<br>:****   | 3072.27                                |   |
|                                                                           |                                                                                                                   |                                                                                                                                                                    |                                                                               |                                         |               |                                        |   |
|                                                                           |                                                                                                                   |                                                                                                                                                                    |                                                                               |                                         |               |                                        |   |
|                                                                           |                                                                                                                   |                                                                                                                                                                    | ·                                                                             |                                         |               |                                        |   |
| Place of Filing                                                           | QUEEN                                                                                                             | OF THE CIRCUIT<br>ANNE'S COUNTY<br>VILLE, MD 2161                                                                                                                  |                                                                               |                                         | Total \$      | 3072.27                                |   |
| This notice w                                                             |                                                                                                                   | signed at <u>Balti</u>                                                                                                                                             |                                                                               |                                         |               | , on this,                             |   |
| the 06th_                                                                 | day of <u>August'</u>                                                                                             | , <u>1999</u>                                                                                                                                                      |                                                                               |                                         |               |                                        |   |
| Signature                                                                 | 0                                                                                                                 |                                                                                                                                                                    | Title                                                                         | f,:SPf                                  | <del>_</del>  |                                        |   |

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Lien # 2169

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Department of the Treasury - Internal Revenue Service 431 Form 668 (Y) Motice of Federal Tax Lien (Rev. October 1993) For Optional Use by Recording Office District Serial Number BALTIMORE, MD 529417200 As provided by sections 6321, 6322, and 6323 of the Internal Revenue Code, we are giving a notice that taxes (including interest and penalties) have been assessed against the following-named taxpaver. We have made a demand for payment of this liability, but it remains unpaid. Therefore, there is a lien in favor of the United States on all property and rights to property belonging to this taxpayer for the amount of these taxes, and additional penalties, interest, and costs that may accrue. Name of Taxpayer THOMAS P DAVIDSON TUCK DAVIDSON Residence 200 WHEELS ROLLIN FARM LN CHURCH HILL, MD 21623 IMPORTANT RELEASE INFORMATION: For each assessment listed below, unless notice of lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a). Tax Period Last Day for Unpaid Balance Date of Kind of Tax Ended identifying Number Assessment-Refilling of Assessment (c) (d) (a) (b) (e) (f)941 Ø3/31/94 52-0701800 07/04/94 Ø8/Ø3/Ø4 10718.92 52-0701800 940 1875.33 12/31/93 06727/94 Ø7/27/Ø4 4 œ Λ Place of Filing CLERK OF THE CIRCUIT COURT Total 12594.25 QUEEN ANNE'S COUNTY CENTREVILLE, MD 21617 This notice was prepared and signed at \_\_\_\_BALTIMORE, MD <u>27t</u> May of \_\_ Septembers \_\_\_94

Certificate of officer authorized Pyl. 71-486, 1971 - 2 C.B. 409) Certificate of officer authorized by law to take acknowledgments is not essential to the validity of Notice of Federal Tax lien Form 668 (Y) (Rev. 10-93)

Title

REVENUE OFFICER

52-01-1525

Signire

2/69

United States

VS.

# Release of Tax Lien

| Filed this                | day c                | ıf       |
|---------------------------|----------------------|----------|
|                           | , 19M                | l.,      |
| and proper entry made in_ |                      | _        |
| Book No                   | , page               | -        |
|                           | Clerk (or Registrar) | <u> </u> |

Form **668(Z)** (Rev. 4-84)

Form **668(Z)** 

Department of the Treasury-Internal Revenue Service

(Rev. April 1984)

☆ U.S. GPO 1989 JKT. 242-506/06642

# Certificate of Release of Federal Tax Lien

| District Delawa                                                                                  | are-Maryland                                                                       | Serial Number                                                                                                                                                                           |                                                                          |                                  | For Optional Use by Recording Office                                                          |
|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------|
| I certify that as<br>(a) of the Inter<br>for all statutor<br>these taxes and<br>the notice of in | nal Revenue Code<br>y additions. There<br>d additions has be<br>ternal revenue tax | 529417200 named taxpayer, the reconstruction have been satisfied for efore, the lien provided en released. The proper lien was filed on September 1999 1999 1999 1999 1999 1999 1999 19 | the taxes listed b<br>by Code section<br>officer in the offi<br>ember 27 | elow and<br>6321 for<br>ce where | 0UE<br>96<br>CL                                                                               |
| 19 94 , is a taxes and addit  Name of Taxpaye  Residence                                         | Thomas P. Tuck David                                                               | dson<br>s Rollin Farm Ln.                                                                                                                                                               | elease of this lien                                                      | for these                        | RECEIVED<br>CLERK, CIRCUIT COURT<br>96 SEP 18 PM 2: 1,8<br>QUEEN ANNE'S COUNTY                |
| Kind of Tax (a)                                                                                  | Tax Period<br>Ended<br>(b)                                                         | Identifying Number                                                                                                                                                                      | Date of Assessment                                                       | Last Day f                       | or Unpald Balance of Assessment                                                               |
| 941                                                                                              | 03/31/94                                                                           | 52-0701800                                                                                                                                                                              | 07/04/94                                                                 | 08/03/94                         | \$ 10,718.92                                                                                  |
| 940                                                                                              | 12/31/93                                                                           | 52-0701800                                                                                                                                                                              | 06/27/94                                                                 | 07/27/04                         | \$ 1,875.33                                                                                   |
|                                                                                                  |                                                                                    |                                                                                                                                                                                         |                                                                          |                                  | RECORDING FEE 3.86 TOTAL 3.86 Rest 0.861 Roft & 31420 SH RCB BIR & 1253 Sep 18, 1396 12:43 fr |
| Place of Filing                                                                                  | Clerk of the                                                                       | he Circuit Court                                                                                                                                                                        | 1                                                                        | <u> </u>                         |                                                                                               |

| This certificate was prepared and signed at | Dover, DE | , on this |
|---------------------------------------------|-----------|-----------|
| This certificate was prepared and signed at |           | , on this |

18 day of September , 19 96

Signature Title

Clerk of the Circuit Court

Queen Anne's County

Centreville, MD 21617

Total

\$ 12,594.25

(NOTE: Certificate of officer authorized by law to take acknowledgements is not essential to the validity of Certificate of Release of Federal Tax Lien Rev. Rul. 71-466, 1971-2

ECEIVED QUEEN ANNE'S COUNTY. STEEL Energy Romans MOR RECORD THE J



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# Department of the Treasury - Internal Revenue Service

Matice of Federal Tax Lien

|                                                                                         | Serial Nun                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| plying a notice<br>essed against<br>payment of the<br>in favor of the<br>ging to this t | the following-named<br>als liability, but it re-<br>be United States on a<br>taxpayer for the amo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | of the Internal g interest and g taxpayer. We he mains unpaid. I all property and punt of these tax | Revenue<br>penalties)<br>ave made<br>herefore,<br>rights to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| lURCH-HILL                                                                              | . MD 21623-00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| f lien is refiled<br>owing such da                                                      | by the date given in co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | olumn (e), this no                                                                                  | tice shall,<br>s defined                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| 09/30/93<br>12/31/93<br>03/31/94<br>06/30/94<br>12/31/93<br>09/30/93                    | 52-1459Ø33<br>52-1459Ø33<br>52-1459Ø33                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| QUEEN                                                                                   | ANNE'S COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| prepared and                                                                            | signed at <u>BALT</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| o divers                                                                                | N.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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                                                                                                                                                                                                                                                                                                                                             | E OFFICER<br>1525                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                         | essed against payment of the payment of the line favor of the ging to this litles, interest, or TUCK DATE WHEELS HURCH HILL RELEASE INFO flien is refiled owing such date of the line of the literature of the lit | clerk of the Circuit (b)  CLERK OF THE CIRCUIT (QUEEN ANNE'S COUNTY CENTREVILLE, MD 2:              | Passed against the following-named taxpayer. We he payment of this liability, but it remains unpaid. The payment of this liability, but it remains unpaid. The payment of the United States on all property and gling to this taxpayer for the amount of these ta littles, interest, and costs that may accrue.  BY WHEELS ROLLIN FARM LN HURCH—HILL, MD 21623—0000  RELEASE INFORMATION: For each assessment list filen is refiled by the date given in column (e), this no owing such date, operate as a certificate of release at the control of | TUCK DAVIDSON CONCRETE INC , a CORPORATION OF THE CIRCUIT COURT QUEEN ANNE'S COUNTY CENTREVILLE, MD 21617  Por TUCK DAVIDSON CONCRETE INC , a CORPORATION CONCRET | payment of this liability, but it remains unpaid. Therefore, in favor of the United States on all property and rights to ging to this taxpayer for the amount of these taxes, and littles, interest, and costs that may accrue.  BY TUCK DAVIDSON CONCRETE INC , a CORPORA ION TUCK DAVIDSO |

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Department of the Treasury - Internal Revenue Service

| Rev. October 1993)                                                    |                                                                                              | Hoti                                                                                                                                                         | ice of Fede                                                                                  | rai Tax Lien                                          |                                            |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------|
| District                                                              |                                                                                              | Serial Num                                                                                                                                                   | iber                                                                                         | For Op                                                | tional Use by Recording Office             |
| B(                                                                    | ALTIMORE                                                                                     |                                                                                                                                                              | 529417                                                                                       | Ø94                                                   |                                            |
| Code, we are have been as: a demand for there is a lier property belo | giving a notic<br>sessed against<br>r payment of the<br>in in favor of the<br>enging to this | 321, 6322, and 6323 or that taxes (including the following-named his liability, but it renue United States on a taxpayer for the amo , and costs that may as | g interest and p<br>taxpayer. We ha<br>nains unpaid. T<br>il property and<br>unt of these ta | enalties)<br>ave made<br>herefore,<br>rights to       | GLEUX, I                                   |
| lame of Taxpa                                                         | iyer LEWIS                                                                                   | & DIANA BARNETT                                                                                                                                              | 7                                                                                            |                                                       | RECEIVED<br>ENK, CIRCUIT<br>SEP 30 MI      |
|                                                                       | 203 PENNY<br>STEVENSVIL                                                                      | LN<br>LE, MD 2166696                                                                                                                                         | 92                                                                                           |                                                       | GLEDK, CHROUIT COURT<br>91, SEP 30 AHH: 35 |
| unless notice on the day fo                                           | of lien is refiled<br>ollowing such da<br>ORRECTS OR                                         | ORMATION: For each by the date given in course, operate as a certification.                                                                                  | lumn (e), this no<br>cate of release a<br>COL (e) *                                          | tice shall,<br>s defined<br>**                        |                                            |
| Kind of Tax<br>(a)                                                    | Tax Period<br>Ended<br>(b)                                                                   | ldentifying Number (c)                                                                                                                                       | Date of Assessment (d)                                                                       | Last Day for Refiling (e)                             | Unpaid Balance<br>of Assessment<br>(f)     |
| 1040                                                                  | 12/ <b>3</b> 1/87                                                                            | 245-42-9234                                                                                                                                                  | 11/21/88                                                                                     | 12/21/98                                              | 9080.15                                    |
|                                                                       |                                                                                              |                                                                                                                                                              |                                                                                              |                                                       |                                            |
|                                                                       | · · · · · · · · · · · · · · · · · · ·                                                        | ·                                                                                                                                                            |                                                                                              | r gara <del>a a a a a a</del> a a a a a a a a a a a a |                                            |
| lace of Filing                                                        |                                                                                              | CLERK OF THE CI<br>QUEEN ANNE'S CO<br>CENTREVILLE, MI                                                                                                        | YTMUC                                                                                        | T<br>Total                                            | \$ 9080.15                                 |
| Original                                                              |                                                                                              | Data: 1                                                                                                                                                      |                                                                                              |                                                       |                                            |
| Original                                                              | Recording                                                                                    | Data: 1<br>9:57 76                                                                                                                                           | 1324                                                                                         | <del></del>                                           | <u> </u>                                   |
|                                                                       |                                                                                              | 9:57 76                                                                                                                                                      | 1324<br>TIMORE, MD.                                                                          | -                                                     | , on this,                                 |
| This notice was                                                       | Reconding                                                                                    | 9:57 76                                                                                                                                                      |                                                                                              |                                                       | , on this,                                 |

(NOTE: Certificate of officer authorized by law to take acknowledgments is not essential to the validity of Notice of Federal Tax lien Rev. Rul. 77:466, 1971 - 2 C.B. 409) Form 668 (Y) (Rev. 10-93)

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### Form 668 (Z) (Rev. 10-2000)

Area:

2282

Department of the Treasury - Internal Revenue Service

# Certificate of Release of Federal Tax Lien

Serial Number

For Use by Recording Office

CAT. NO 600261

| Lien Unit Phor I certify that the of the Internal additions. The additions has internal revening 1994 these taxes at the Name of Taxp LEWIS & D. | I Revenue Code has serefore, the lien probeen released. The ue tax lien was filed, is authorized to not additions.  TANA BARNETT AND PENNY LN | axpayer, under the requisatisfied the taxes list vided by Code section proper officer in the on September the books to show | ed below and all st<br>6321 for these tax<br>office where the no<br>per 30 | 325 (a)<br>catutory<br>ces and<br>otice of |       | RECEIVED CLERK, CIRCUIT COURT  03 FEB 27 PM 2: 26  QUEEN ANNE'S COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| Liber Pa<br>n/a n                                                                                                                                |                                                                                                                                               | RECORDING INFO<br>Serial No.<br>2171                                                                                        | ORMATION:                                                                  |                                            | :     | e e e e e e e e e e e e e e e e e e e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Kind of Tax                                                                                                                                      | Tax Period<br>Ending<br>(b)                                                                                                                   | Identifying Number<br>(c)                                                                                                   | Date of Assessment (d)                                                     | Last Da<br>Refi                            | ling  | Unpaid Balance<br>of Assessment<br>(f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 1040                                                                                                                                             | 12/31/1987                                                                                                                                    | 245-42-9234                                                                                                                 | 11/21/1988                                                                 | 12/21                                      |       | 9080.15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| ·                                                                                                                                                |                                                                                                                                               |                                                                                                                             |                                                                            |                                            |       | 7 - 7 - 30 to 20 t |
| Place of Filing                                                                                                                                  | QUEEN                                                                                                                                         | OF THE CIRCUIT ANNE'S COUNTY EVILLE, MD 216                                                                                 | Z .                                                                        |                                            | Total | \$ 9080.15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                  | as prepared and sight                                                                                                                         | gned at Ba                                                                                                                  | altimore, MD                                                               |                                            |       | , on this,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Signature (                                                                                                                                      | Joh 7. J                                                                                                                                      | orized by law to take ackr                                                                                                  | Mana                                                                       | ager<br>                                   |       | ical Support                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

PAY OF COL 1994 AT 135, QUEEN ANNE'S COUNTY, SUA.



427

### Department of the Treasury - Internal Revenue Service

| Rev. October 1993)                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 | Motic                                                              | e of Fede                                                                     | ral Tax Lien                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
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| District                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | s                                                                               | erial Numb                                                         | oer                                                                           | For Opti                                         | onal Use by Recording Offic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | :в   |
| ВА                                                                 | LTIMORE, M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | מו                                                                              |                                                                    | 5294174                                                                       | 16Ø                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
| Code, we are have been as a demand fo there is a ile property belo | by sections 6; giving a notic sessed against repayment of the information of the informat | e that taxes<br>the followin<br>his liability,<br>ne United Sta<br>taxpayer for | (including<br>g-named to<br>but it remo<br>ates on all<br>the amou | interest and party and party and an analysis in the party and and of these ta | penaitles)<br>ave made<br>herefore,<br>rights to | ONEEN VANGE, COMPLIANT CONTENT | 1    |
|                                                                    | INCORPORA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ATIONAL W                                                                       | OOD PRO                                                            | DUCTS , a                                                                     | CORPORATION                                      | 77 HH 1: 35<br>26 :1 HP 1: 35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |
|                                                                    | O BOX 128<br>UEEN ANNE,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | MD 216                                                                          | 57-Ø128                                                            | ,                                                                             |                                                  | 25<br>35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |
| unless notice                                                      | RELEASE INF<br>of lien is refiled<br>ollowing such da<br>a).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | by the date of                                                                  | given in colu                                                      | ımn (e), this no                                                              | tice shall, 🖁                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ;    |
| Kind of Tax<br>(a)                                                 | Tax Period<br>Ended<br>(b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | identifying<br>(c                                                               |                                                                    | Date of Assessment (d)                                                        | Last Day for<br>Refiling<br>(e)                  | Unpaid Balance<br>of Assessment<br>(f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |
| 941<br>941<br>941                                                  | 09/30/93<br>12/31/93<br>03/31/94                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 52-14<br>52-14<br>52-14                                                         | 61693                                                              | 1.2/27/93<br>09/12/94<br>05/30/94                                             | Ø1/26/Ø4<br>1Ø/12/Ø4<br>Ø6/29/Ø4                 | 7401.83<br>4694.02<br>25365.42                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |
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| Place of Filing                                                    | QUEEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | OF THE C<br>ANNE'S C                                                            |                                                                    |                                                                               | Total                                            | \$ 37461.27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |
| This notice wa                                                     | s prepared and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | d signed at .                                                                   | BALTIM                                                             | ORE, MD                                                                       |                                                  | , on th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nis, |
| he <u>Ø5th</u> da                                                  | y of Octo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                 | <del>94</del> .                                                    |                                                                               |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
| Signature<br>for                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | vel                                                                             |                                                                    | Title                                                                         | REVENUE<br>52-Ø1-1                               | OFFICER<br>526                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |
| (MOTE: Cost)                                                       | ficate of officer auth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | horized by law to                                                               | take acknow                                                        | ledoments is not o                                                            | essential to the validity of                     | Notice of Federal Tax lien                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | —    |

Form 668 (Rev. October 1993)

District

427

### Department of the Treasury - Internal Revenue Service

Motice of Federal Tax Lien

Serial Number

For Optional Use by Recording Office

| BAI                                                                                  | LTIMORE, M                                                                                                    | D                                                                               |                                                                                   | 5294174                                                                             | 66                                               |                   |                    |                          | 8 / g 4  |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------|-------------------|--------------------|--------------------------|----------|
| Code, we are have been as: a demand for there is a lier property belo additional per | by sections 63 giving a notice sessed against payment of the in favor of the inging to this naitles, interest | e that tax<br>the follow<br>his liabilit<br>ne United<br>taxpayer<br>, and cost | es (including ving-named to y, but it rem States on all for the amous that may ac | interest and paxpayer. We have also unpaid. To property and until of these taccure. | penalties)<br>nvo made<br>herefore,<br>rights to |                   | 94 OCT -7 PH 1: 35 | RECEIVED                 | •        |
| Name of Taxpa                                                                        |                                                                                                               |                                                                                 | YLLIS E K                                                                         | URTZ JR                                                                             |                                                  |                   | 1: 35<br>1: 35     | LENDO LINO<br>GAAL       | •        |
|                                                                                      | ELLE POINT<br>UEENSTOWN,                                                                                      |                                                                                 | 1658                                                                              |                                                                                     |                                                  | · . <u>-</u>      | · · -              |                          | 111°     |
| unless notice                                                                        | - 494                                                                                                         | by the da                                                                       | te given in col                                                                   | lumn (e), this no<br>ate of release a                                               | tice shall,<br>is defined                        |                   |                    |                          | •        |
| Kind of Tax<br>(a)                                                                   | Tax Périod<br>Ended<br>(b)                                                                                    | Identify                                                                        | ing Number<br>(c)                                                                 | Date of Assessment (d)                                                              | Last Da<br>Refilir<br>(e)                        |                   | of Asse            | Balance<br>essment<br>f) |          |
| 6672                                                                                 | Ø6/3Ø/91                                                                                                      | 214-                                                                            | 42-7009                                                                           | Ø3/23/94                                                                            | Ø4/22/                                           | Ø4                | 21853              | 1.66                     |          |
|                                                                                      |                                                                                                               |                                                                                 |                                                                                   |                                                                                     |                                                  |                   |                    |                          | 17:<br>- |
| Place of Filing                                                                      | CLERK<br>QUEEN                                                                                                |                                                                                 | CIRCUIT<br>COUNTY<br>MD 216                                                       |                                                                                     |                                                  | Total             | \$ 21853<br>       | 1.66                     | •        |
| This notice wa                                                                       | s prepared an                                                                                                 | d signed                                                                        | at BALTIN                                                                         | MORE, MD                                                                            |                                                  |                   |                    | , on this                | ,<br>•   |
| the <u>Ø5t</u> hda                                                                   | y of Octo                                                                                                     | ober , 19                                                                       | 94                                                                                |                                                                                     |                                                  |                   |                    |                          | 1.0      |
| Signature<br>for                                                                     | f. stades                                                                                                     | KOL .                                                                           |                                                                                   | Title                                                                               |                                                  | EVENUE<br>2-Ø1-15 | OFFICER<br>526     |                          | _ •      |

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### Department of the Treasury - Internal Revenue Service

| Rev. October 1993)                                                                                        |                                                                                                             | MOU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Ce of Fade                                                                                                                           | tai lax Li                                               | en       |                                        |       |  |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------|----------------------------------------|-------|--|
| District                                                                                                  |                                                                                                             | Serial Num                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Serial Number                                                                                                                        |                                                          |          | For Optional Use by Recording Office   |       |  |
| BAL                                                                                                       | TIMORE, M                                                                                                   | lD D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 529417391                                                                                                                            |                                                          |          |                                        | Ì     |  |
| As provided be Code, we are go have been asso a demand for there is a lien property below additional pens | y sections 63 giving a notice essed against payment of the infavor of the infavor of this talles, interest, | 321, 6322, and 6323 of that taxes (including the following-named this liability, but it rem to United States on all taxpayer for the amore and costs that may accosts the amore and costs that may accosts the accosts that may accosts the accosts that may accosts the accosts t | of the Internal F<br>g interest and pot<br>taxpayer. We have<br>tains unpaid. The<br>Il property and r<br>unt of these tax<br>ccrue. | Revenue<br>enaities)<br>ve made<br>erefore,<br>lights to |          | OTERNY NAMES CON                       | t;    |  |
| Posidono                                                                                                  | <del>- 17 - 1</del>                                                                                         | % MARJORIE D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | K ING<br>                                                                                                                            |                                                          |          | ED<br>  COURTY<br>  COURTY             |       |  |
| 212                                                                                                       | 95 QUEENS<br>FE <mark>VENSV</mark> ILL                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                      |                                                          |          |                                        | . 4   |  |
| unless notice of                                                                                          | of lien is refiled<br>owing such da                                                                         | ORMATION: For each by the date given in cote, operate as a certific                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | lumn (e), this noticate of release as                                                                                                | ice shall,<br>s defined                                  |          |                                        |       |  |
| Kind of Tax<br>(a)                                                                                        | Tax Period<br>Ended<br>(b)                                                                                  | Identifying Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Date of Assessment (d)                                                                                                               | Last Day f<br>Refiling<br>(e)                            |          | Unpaid Balance<br>of Assessment<br>(f) |       |  |
| 1040                                                                                                      | 12/31/92                                                                                                    | 213-12-1612                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 11/22/93                                                                                                                             | 12/22/00                                                 | 3        | 14966.32                               |       |  |
|                                                                                                           |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                      |                                                          |          |                                        |       |  |
|                                                                                                           |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                      |                                                          |          |                                        | 1.1   |  |
|                                                                                                           |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                      | P.                                                       | ,        |                                        |       |  |
|                                                                                                           |                                                                                                             | <u>.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                      |                                                          |          | <u></u> .                              | (     |  |
| Place of Filing                                                                                           | QUEEN                                                                                                       | OF THE CIRCUIT<br>ANNE'S COUNTY<br>VILLE, MD 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | COURT                                                                                                                                |                                                          | Total \$ | 14966.32                               |       |  |
| This notice was                                                                                           | prepared and                                                                                                | d signed at <u>BALTI</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MORE, MD                                                                                                                             |                                                          |          | , on                                   | this, |  |
| he <u>Ø3r</u> dday                                                                                        | of Octo                                                                                                     | ober,19 <u>94</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                      |                                                          |          |                                        | Š     |  |
| Signature                                                                                                 | Stopp                                                                                                       | roko                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Title                                                                                                                                | RE                                                       | VENUE    | OFFICER                                |       |  |

2174

Theorem States of the Company of the

607

Department of the Treasury - Internal Revenue Service

Certificate of Release of Federal Tax Lien

| District                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Serial Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                         |                                                                               | For Use by Recording Office          |         |                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------|---------|--------------------------------------------------------------------------------|
| B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ALTIMORE,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MD                                                                                                                      | 529417                                                                        | 7391                                 |         |                                                                                |
| of the Internal label all statutory ad taxes and additional notice of internal label and the state of the sta | Revenue Code had the light one. Therefore the light one has been a light of the lig | name taxpayer, the requave been satisfied for the re, the lien provided by the released. The proper off an was filed on | e taxes listed belo<br>Code section 6321<br>licer in the office<br>October 07 | ow and for<br>for these<br>where the |         | RECEIVED<br>CLERK, CIRCUIT COURT<br>96 JAN 12 AM 10: 59<br>OUEEN ANNE'S COUNTY |
| Name of Taxpay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <sup>yer</sup> james R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | & MARJORIE D K                                                                                                          | ING                                                                           |                                      |         | NE'S CO                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 305 QUEENS<br>STEVENSVIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                         | ,                                                                             |                                      |         | VED<br>UIT COURT<br>AM IO: 59<br>E'S COUNTY                                    |
| COURT REC<br>Liber<br>n/a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ORDING INF<br>Fage<br>n/a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ORMATION:<br>UCC No.<br>n/a                                                                                             | Serial No<br>2174                                                             | ٥.                                   |         | ·                                                                              |
| Kind of Tax<br>(a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Tax Period<br>Ended<br>(b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ldentifylng Number<br>(c)                                                                                               | Date of Assessment (d)                                                        | Last Day<br>Refilin<br>. (e)         |         | Unpaid Balance<br>of Assessment<br>(f)                                         |
| 1040<br>*****                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 12/31/92<br>******                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                         |                                                                               |                                      |         | 14966.32<br>********                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·<br>:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                         |                                                                               |                                      |         |                                                                                |
| ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,                                                                                                                       |                                                                               | ·                                    |         |                                                                                |
| ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                                                                               |                                      |         |                                                                                |
| Place of Filing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | QUEEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | COF THE CIRCUI<br>ANNE'S COUNTY<br>EVILLE, MD 2                                                                         | T COURT                                                                       | 7                                    | rotal . | <b>\$</b> 14966.32                                                             |
| This notice was                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | F.3.1 W                                                                                                                 | IMORE, MD                                                                     |                                      |         | , on this,                                                                     |
| the <u>03rd</u> day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ol_January                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | , 19 <u>_96</u>                                                                                                         | · ·                                                                           | <u> </u>                             |         |                                                                                |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DW2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                         | Title                                                                         | Chi⊜f,                               | SPf     | · · · · · · · · · · · · · · · · · · ·                                          |

(NOTE: Certificate of officer authorized by law to take acknowledgments is not essential to the validity of Certificate of Release of Federal Tax lien Rev. Rul. 71-466, 1971-2 C.B. 409)

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Lien # 2175

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#### Department of the Treasury - Internal Revenue Service

Notice of Federal Tax Lien

(Rev. October 1993) For Optional Use by Recording Office District Serial Number BALTIMORE, MD 529417395 As provided by sections 6321, 6322, and 6323 of the Internal Revenue QUEEN ANDERS COURT Code, we are giving a notice that taxes (including interest and penalties) have been assessed against the following-named taxpayer. We have made a demand for payment of this liability, but it remains unpaid. Therefore, there is a lien in favor of the United States on all property and rights to property belonging to this taxpayer for the amount of these taxes, and additional penalties, interest, and costs that may accrue. Name of Taxpayer HERMAN C & CLAUDIA A DORSEY Residence 6003 BRIDGEPOINTE DR CHESTER, MD 21619-2218 IMPORTANT RELEASE INFORMATION: For each assessment listed below. unless notice of lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a). Tax Period Unpaid Balance Last Day for Date of Kind of Tax of Assessment Ended Identifying Number Assessment Refiling (a) (b) (c) (d) (e) (f)1288.21 214-34-4946 Ø8/Ø8/94 Ø9/Ø7/Ø4 1040 12/31/85 1772.48 1040 12/31/86 214-34-4946 Ø8/Ø8/94 Ø9/Ø7/Ø4 214-34-4946 Ø8/15/94 Ø9/14/Ø4 3525.87 1040 12/31/87 08/15/94 439.97 1040 12/31/88 214-34-4946 Ø9/14/Ø4 12/31/89 214-34-4946 08/15/94 09/14/04 218.13 1040 09/14/04 589.41 214-34-4946 Ø8/15/94 1040 12/31/90 782.30 Ø2/Ø2/Ø4 214-34-4946 Ø1/Ø3/94 1Ø4Ø 12/31/91 2065.39 02/02/04 1Ø4Ø 12/31/92 214-34-4946 Ø1/Ø3/94 214-34-4946 Ø8/15/94 09/14/04 2350.09 12/31/93 1040 Place of Filing CLERK OF THE CIRCUIT COURT Total 13031.85 QUEEN ANNE'S COUNTY CENTREVILLE, MD 21617 This notice was prepared and signed at \_\_BALTIMORE, MD . on this. October, 19 \_\_ <u> ØЗr</u> фау of \_\_\_\_ Title Signature REVENUE OFFICER 52-01-2428

2175

**United States** 

VS.

Release of Tax Lien

| ·     | day of                |
|-------|-----------------------|
| , 19  | M.,                   |
| de in | <del> </del>          |
| No    |                       |
|       | Clerk (or Registrar). |
|       | , 19                  |

Form 668(Z) (Rev. 4-84)

Form 668(Z)

Department of the Treasury - Internal Revenue Service

(Rev. April 1984)

**★U.S.GPO:1988-0-202-019/85956** 

# Certificate of Release of Federai Tax Lien

| District                                                                                     | Serial Nu                                                                                                                                                                     | umber                                                                                                                                                                            | For Optional Use by Recording Office   |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| Baltimore                                                                                    |                                                                                                                                                                               | 529417395                                                                                                                                                                        |                                        |
| (a) of the Internal F<br>for all statutory ad<br>these taxes and add<br>the notice of intern | evenue Code have been satisfied ditions. Therefore, the ilen province in the province has been released. The province tax ilen was filed on a laced to note the books to show | ne requirements of section 6325 and for the taxes listed below and ided by Code section 6321 for roper officer in the office where october 7, the release of this lien for these | RECEIVI<br>CIRCUI<br>R -3 PI<br>ANNE'S |
| Name of Taxpayer                                                                             | Herman C. & Claudia A                                                                                                                                                         | . Dorsey                                                                                                                                                                         | MID: 26                                |
| Residence                                                                                    | 6003 Bridgepointe Dri<br>Chester, MD 21619-2                                                                                                                                  |                                                                                                                                                                                  |                                        |

| Kind of Tax                                                  | Tax Period<br>Ended<br>(b)                                                                               | Identifying Number                                                                                                                  | Date of Assessment (d)                                                                       | Last Day for<br>Refiling                                                                     | Unpaid Balance<br>of Assessment<br>(f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1040<br>1040<br>1040<br>1040<br>1040<br>1040<br>1040<br>1040 | 12/31/85<br>12/31/86<br>12/31/87<br>12/31/88<br>12/31/89<br>12/31/90<br>12/31/91<br>12/31/92<br>12/31/93 | 214-34-4946<br>214-34-4946<br>214-34-4946<br>214-34-4946<br>214-34-4946<br>214-34-4946<br>214-34-4946<br>214-34-4946<br>214-34-4946 | 08/08/94<br>08/08/94<br>08/15/94<br>08/15/94<br>08/15/94<br>01/03/94<br>01/03/94<br>08/15/94 | 09/07/04<br>09/07/04<br>09/14/04<br>09/14/04<br>09/14/04<br>02/02/04<br>02/02/04<br>02/02/04 | 1,288.21 1,772.48 3,525.87 439.97 218.13 589.41 782.30 2,065.39 2,350.09  RECIRDING FEE 3.09  RECIRDING FE |
| Place of Filing                                              | Queen Ai                                                                                                 | f the Circuit Cour<br>nne's County<br>ille, MD 21617                                                                                | t                                                                                            | Total                                                                                        | \$ 13,031.85                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

| This certificate was prepared and signed at | Salisbury, Maryland | 21803 | , on this, |
|---------------------------------------------|---------------------|-------|------------|
| the 29th day of March , 19 95               |                     |       |            |
| Signature                                   | Title               |       |            |

Group Manager

(NOTE: Certificate of officer authorized by law to take acknowledgements is not essential to the validity of Certificate of Release of Federal Tax Lien Rev. Rut. 71-466, 1971-2 C.B. 409)

I.C.A.

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lion # 2176

Lien # 2176

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### Department of the Treasury - Internal Revenue Service

| orm 668 (Y)                                                           | 382                                                                                                           | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | of the Treasury -                                                                            |                                                  |           | ice                                    |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------|-----------|----------------------------------------|
| Rev. October 1993)                                                    |                                                                                                               | Noti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ice of Fede                                                                                  | ral Tax                                          | Lien      | _                                      |
| District                                                              | •                                                                                                             | Serial Num                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ber                                                                                          |                                                  | For Optio | nal Use by Recording Office            |
| B£                                                                    | ALTIMORE, 1                                                                                                   | מאַ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 529418                                                                                       | 571                                              | ı.        |                                        |
| Code, we are have been as: a demand for there is a lier property belo | giving a notice sessed against payment of the infavor of the infavor of the inging to this nalties, interest, | 321, 6322, and 6323 e that taxes (including the following-named his liability, but it renge United States on a taxpayer for the amo, and costs that may a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | g interest and p<br>taxpayer. We ha<br>nains unpaid. T<br>Il property and<br>unt of these ta | penalties)<br>ave made<br>herefore,<br>rights to |           | OUEEN ANNE'S COUNT                     |
|                                                                       | JOHN C                                                                                                        | & JUNE G PRING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ile<br>                                                                                      | ı                                                |           | NE'S C                                 |
| lesidence<br>1                                                        | 1400 QUEEN<br>CHESTER, MI                                                                                     | ANNES DR<br>D 21619-2824                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |                                                  |           | AM II: 23                              |
| unless notice                                                         | of lien is refiled<br>llowing such da                                                                         | ORMATION: For each by the date given in content of the content of | olumn (e), this no                                                                           | ice shall, 🖡                                     |           |                                        |
| Kind of Tax<br>(a)                                                    | Tax Period<br>Ended<br>(b)                                                                                    | identifying Number<br>(c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date of Assessment (d)                                                                       | Last Da<br>Refili<br>(e)                         |           | Unpaid Balance<br>of Assessment<br>(f) |
| 1040<br>1040<br>1040                                                  | 12/ <b>3</b> 1/82<br>12/31/83<br>12/31/89                                                                     | 218-40-9198                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Ø5/3Ø/83<br>Ø7/16/84<br>Ø5/28/9Ø                                                             | N/6<br>N/6<br>Ø6/27                              | 4         | 159878.94<br>863.05<br>11103.61        |
| per en en en                                                          | -                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              |                                                  |           |                                        |
| Place of Filing                                                       | QUEEN                                                                                                         | OF THE CIRCUIT<br>ANNE'S COUNTY<br>EVILLE, MD 2:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              |                                                  | Total     | \$<br>171845.60                        |
| This notice wa                                                        | _                                                                                                             | d signed at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                              |                                                  |           | , on this,                             |
| he <u> </u>                                                           | y ofort                                                                                                       | <u>obe</u> r, 19 <u>94</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                              |                                                  |           |                                        |
| Signature                                                             | y of <u>Oct</u>                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Title                                                                                        |                                                  | REVENUI   | E OFFICER                              |

FORM **669-B** (Rev. February 1992)

#### DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE

# Certificate of Discharge of Property from Federal Tax Lien (Section 6325(b)(2)(A) of the Internal Revenue Code)

| Whereas,JC                                                                            | OHN C. & JUNE G.                                                                                                       | PRINGLE                                                                                                                                             |                                                                                                                                                                      |                                                                             |  |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--|
| Of 1400 QUEEN AN                                                                      | NES DRIVE                                                                                                              |                                                                                                                                                     | _ , City ofCHESTER                                                                                                                                                   |                                                                             |  |
| County of QUEEN A                                                                     | County ofQUEEN ANNE's                                                                                                  |                                                                                                                                                     |                                                                                                                                                                      | ,                                                                           |  |
|                                                                                       |                                                                                                                        |                                                                                                                                                     | the sum of TWO HUNDRED                                                                                                                                               |                                                                             |  |
| as evidenced by:                                                                      | and 2971                                                                                                               | Dollars (\$ _2                                                                                                                                      | 216,982.29                                                                                                                                                           | )                                                                           |  |
| Notice of Federal Tax<br>Lien Serial Number<br>(a)                                    | Recording<br>Information<br>(b)                                                                                        | Date<br>Recorded<br>(c)                                                                                                                             | Taxpayer Identification Number (d)                                                                                                                                   | Amount Shown<br>on Lien<br>(e)                                              |  |
| 529418571                                                                             | Ll, Fl28                                                                                                               | 10-28-94                                                                                                                                            | 218-40-9198                                                                                                                                                          | 171,845.60                                                                  |  |
| RECEIVED<br>LERK, CIRCUIT COURT<br>95 OCT -6 AM 10: 15                                |                                                                                                                        | ·                                                                                                                                                   |                                                                                                                                                                      |                                                                             |  |
| and rights to property THE CIRCUIT COUR                                               | of the said taxpayer                                                                                                   | on account of said tax                                                                                                                              |                                                                                                                                                                      | 2100                                                                        |  |
|                                                                                       |                                                                                                                        | , # <b>######</b> #############################                                                                                                     | in accordance with the applic                                                                                                                                        | cable provisions of law                                                     |  |
|                                                                                       |                                                                                                                        |                                                                                                                                                     | d tax has attached to certain                                                                                                                                        |                                                                             |  |
| ALL that loof Queen And say: BEING on the Plat county, while in Liber T. T. S. P. No. | ot of ground situane's County, Sta<br>S known and design<br>c of Marling Farm<br>ch Plat is recons.<br>S. P. No. 29, 1 | uate, lying and be<br>ate of Maryland, a<br>gnated as Lot Numb<br>ns, Inc., Section<br>ded among the Lar<br>folio 91, and also<br>Being known as 14 | eing in the Fourth Electron described as follow over Eight (8), Section Five, Kent Island, Quend Records of Queen Anno among the Plat Record 400 Queen Anne's Drive, | etion District s, that is to 5, as shown een Anne's ne's County ds in Liber |  |

| /Use this | SDACA | for continu | ed descriptio | on of property) |
|-----------|-------|-------------|---------------|-----------------|

| Whereas, the District Director of Internal Revenue has                                                    | determined that the value of the interest of the United States                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| in the foregoing property, under and by virtue of its afores                                              | aid tax lien, amounts to the sum ofTwenty Two                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Thousand Four Hundred Seventy Six and 31/10                                                               | 0) and has                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                           | 6325(b)(2)(A) of the Internal Revenue Code, of a certificate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| discharging the above-described property from the tax lie                                                 | en of the United States upon the payment of the sum of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Twenty Two Thousand Four Hundred Seventy Si                                                               | $\times$ & 31/102 ollars (\$ 22,476.31) to be applied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| in part satisfaction of the liability in respect of the tax here                                          | inbefore stated which sum has been paid to be so applied,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| and the receipt of which sum by me is hereby acknowledg                                                   | ed; Paul M. Harrington                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Now, therefore, this instrument witnesseth, that I,                                                       | Paul M. Harrington                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                           | aryland , charged by law with the duty                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| of collecting and enforcing the collection of internal reve                                               | enue taxes due the United States, and charged with the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| assessment hereinbefore stated, do, pursuant to the provis                                                | tions of section 6325(b)(2)(A) of the Internal Revenue Code,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| discharge the property heretofore described from the afore                                                | said tax lien, saving and reserving, however, the force and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| effect of said tax lien against and upon all other property of                                            | r rights to property to which said lien is attached, whereso-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| ever situated.                                                                                            | The second of th |
| Wilness my hand atBaltimore, Maryland                                                                     | and Abrilia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 74                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| the day of September                                                                                      | , 19 <u>95</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Signature Paul M. Harrington                                                                              | Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| By: Thomas of Proposition by                                                                              | Chief, Special Procedures Branch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Note: Certificate of officer authorized by law to take acknowledgment Rev. Rul. 71-466, 1971-2, C.B. 409. | s is not essential to the validity of Discharge of Federal Tax Lien.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| 16.2 |                                                      | The same of the contract                                                 |                                                                                                                |       |
|------|------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------|
|      | 76 PV 22. A 18.30                                    | g i Maria Maria Maria (no responsa e e e e e e e e e e e e e e e e e e e | e dia escribir de la companya de la | 15. 1 |
| :    | g Allenand                                           |                                                                          | atlan ingertekti bi<br>Dec (film) ingele                                                                       |       |
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Form 668 (Z)

10494

Department of the Treasury - Internal Revenue Service

# Certificate of Release of Federal Tax Lien

(Rev. 10-2000) For Use by Recording Office Serial Number Area: WAGE & INVESTMENT AREA #2 Lien Unit Phone: (410) 962-1871 529418571 I certify that the following-named taxpayer, under the requirements of section 6325 (a) of the Internal Revenue Code has satisfied the taxes listed below and all statutory additions. Therefore, the lien provided by Code section 6321 for these taxes and additions has been released. The proper officer in the office where the notice of October 28 internal revenue tax lien was filed on 1994 , is authorized to note the books to show the release of this lien for these taxes and additions. Name of Taxpayer JOHN C & JUNE G PRINGLE Residence 1400 QUEEN ANNES DR CHESTER, MD 21619-2824 COURT RECORDING INFORMATION: Liber UCC No. Serial No. Page 128 2176 n/a

| Kind of Tax<br>(a) | Tax Period<br>Ending<br>(b) | Identifying Number                               | Date of<br>Assessment<br>(d) | Last Day for<br>Refiling<br>(e) | Unpaid Balance<br>of Assessment<br>(f) |
|--------------------|-----------------------------|--------------------------------------------------|------------------------------|---------------------------------|----------------------------------------|
| 1040               | 12/31/1982                  | 218-40-9198                                      | 05/30/1983                   | N/A                             | 159878.94                              |
| 1040               | 12/31/1983                  | 218-40-9198                                      | 07/16/1984                   | N/A                             | 863.05                                 |
| 1040               | 12/31/1989                  |                                                  | 05/28/1990                   | 06/27/2000                      | 11103.61                               |
|                    |                             |                                                  |                              |                                 |                                        |
| Place of Filing    | CLERI<br>QUEEN              | OF THE CIRCU<br>N ANNE'S COUNT<br>REVILLE, MD 21 | Y                            | Total                           | \$ 171845.60                           |

| This notice was prepared | d and signed at | Balt    | imore, MD                      | , on this,      |
|--------------------------|-----------------|---------|--------------------------------|-----------------|
| the 22nd day of          | September       | , 2004. |                                |                 |
| Signature                | K.L.            | Blint   | Title Compliance Te<br>Manager | chnical Support |

CAT. NO 600261

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Lien # 2177

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STOURNUE OFFICER

for M. Bollicita

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Form 668 (Y)

382

### Department of the Treasury - Internal Revenue Service

| Rev. October 1993)                                                              |                                                                                                               | Noti                                                                                                                                                                             | ice of Fede                                                                      | ral Tax l                                                 | ien            |              |                                  |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------|----------------|--------------|----------------------------------|
| District                                                                        |                                                                                                               | Serial Num                                                                                                                                                                       | nber                                                                             | <u> </u>                                                  | For Option     | onal Use by  | Recording Office                 |
| As provided Code, we are have been as a demand for there is a lie property belo | giving a notice sessed against payment of the infavor of the infavor of the inging to this natities, interest | MD  321, 6322, and 6323 e that taxes (including the following named his liability, but it remove United States on a taxpayer for the amount and costs that may a CONTRACTORS INC | g interest and plaxpayer. We had not be not be not be not be not these to corue. | Revenue penalties) ave made herefore, rights to axes, and |                | OUEEN ANNE'S |                                  |
| s and World Co. Million Society and                                             | PO BOX 489<br>Stevensvil                                                                                      | LE. MD 21666-0                                                                                                                                                                   | <b>7</b> 489                                                                     |                                                           |                | AM II: 28    |                                  |
| unless notice                                                                   | of lien is refiled<br>ollowing such da                                                                        | ORMATION: For each by the date given in content of the date given in content of the date as a certification.                                                                     | olumn (e), this no                                                               | ice shall,                                                |                |              |                                  |
| Kind of Tax<br>(a)                                                              | Tax Period<br>Ended<br>(b)                                                                                    | identifying Number<br>(c)                                                                                                                                                        | Date of Assessment (d)                                                           | Last Day<br>Refilin                                       |                |              | ald Balance<br>Assessment<br>(f) |
| 941<br>941<br>940<br>940<br>940                                                 | Ø9/3Ø/93<br>12/31/93<br>12/31/91<br>12/31/91<br>12/31/93                                                      | 52-1584Ø98<br>52-1584Ø98<br>52-1584Ø98                                                                                                                                           | 12/20/93<br>03/28/94<br>03/16/92<br>03/14/94<br>04/18/94                         | Ø1/19/<br>Ø4/27/<br>Ø4/15/<br>Ø4/13/<br>Ø5/18/            | Ø4<br>Ø2<br>Ø4 | 3.           | 5118.25<br>4837.67<br>137.68     |
|                                                                                 |                                                                                                               |                                                                                                                                                                                  |                                                                                  |                                                           |                |              |                                  |
| Place of Filing                                                                 | CLERK<br>QUEEN                                                                                                | OF THE CIRCUITANNE'S COUNTY                                                                                                                                                      |                                                                                  |                                                           | Total          | \$ 7         | 1535.68                          |
|                                                                                 | s prepared and                                                                                                | d signed at <u>RALT</u>                                                                                                                                                          | -                                                                                |                                                           |                |              | , on this,                       |
| Signature for                                                                   | H. Scilip                                                                                                     | ud.                                                                                                                                                                              | Title                                                                            | F                                                         | REVENU         | E OFFI       | CER                              |
| - Eler                                                                          |                                                                                                               |                                                                                                                                                                                  |                                                                                  |                                                           |                |              |                                  |

CHALL AND SCARCES COUNTY SUT SUBJECT TO THE STATE OF THE

12821

Lien # 2178

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Form 668 (Y)

Department of the Treasury - Internal Revenue Service

(Rev. October 1993)

Notice of Federal Tax Lien

| District                                                                        |                                                                                                      | Serial Nun                                                                                                                                                            | nber                                                                                             |                                                  | For Option   | nal Use by Recording Office                                        |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------|--------------------------------------------------------------------|
| Bé                                                                              | ALTIMORE                                                                                             |                                                                                                                                                                       | 529419                                                                                           | 144                                              |              |                                                                    |
| Code, we are have been as a demand fo there is a lie property beloadditional pe | e giving a notice isessed against or payment of the infavor of the ingling to this nalties, interest | 321, 6322, and 6323 to that taxes (including the following-named his liability, but it remove the limited States on a taxpayer for the amount of the costs that may a | g interest and p<br>taxpayer. We have<br>mains unpaid. T<br>all property and<br>punt of these ta | penalties)<br>ave made<br>herefore,<br>rights to |              | O STANKY NBBRO<br>O STANKY NON P661                                |
| Name of Taxpa                                                                   | ayer ALFRED<br>D/B/A N                                                                               | B MACKOWN JR<br>MACK GLASS & UF                                                                                                                                       | HOLSTERY                                                                                         |                                                  |              | 100<br>100<br>100<br>100<br>100<br>100<br>100<br>100<br>100<br>100 |
|                                                                                 | LOVE POINT<br>BTEVENSVILL                                                                            |                                                                                                                                                                       |                                                                                                  |                                                  | ير بند پ     | 1: 03:<br>UNT:                                                     |
| unless notice<br>on the day fo                                                  | e of lien is refiled<br>ollowing such da                                                             | ORMATION: For each<br>by the date given in coate, operate as a certifi<br>IGINAL DATE IN                                                                              | olumn (e), this no<br>cate of release a                                                          | tice shall,                                      |              |                                                                    |
| Kind of Tax                                                                     | Tax Period<br>Ended<br>(b)                                                                           | Identifying Number                                                                                                                                                    | Date of Assessment (d)                                                                           | Last Da<br>Refilio<br>(e)                        |              | Unpaid Balance<br>of Assessment<br>(f)                             |
| 941<br>941                                                                      | 09/30/88<br>12/31/88                                                                                 | 0                                                                                                                                                                     | 12/26/88<br>Ø3/2Ø/89                                                                             | Ø1/25/9<br>Ø4/19/9                               | 1            | 12572.61<br>115Ø5.58                                               |
|                                                                                 |                                                                                                      |                                                                                                                                                                       |                                                                                                  |                                                  |              |                                                                    |
|                                                                                 |                                                                                                      |                                                                                                                                                                       |                                                                                                  |                                                  | . <u>.</u> . |                                                                    |
| Place of Filing                                                                 | (                                                                                                    | CLERK OF THE CI<br>QUEEN ANNE'S CO<br>CENTREVILLE, MC                                                                                                                 | YTNUC                                                                                            | T                                                | Total        | \$ 24078.19                                                        |
| Original                                                                        | Recording                                                                                            | Data: 1<br>9:50 80                                                                                                                                                    | 1383                                                                                             | <del></del>                                      |              |                                                                    |
| Γhis notice wa                                                                  | as prepared and                                                                                      | d signed atBAL1                                                                                                                                                       | IMORE, MD.                                                                                       |                                                  |              | , on this,                                                         |
| he <u>31st</u> da                                                               | y of <u>October</u>                                                                                  | , <b>79</b>                                                                                                                                                           |                                                                                                  |                                                  |              |                                                                    |
| Signature                                                                       | I. Howard                                                                                            | nall                                                                                                                                                                  | Title                                                                                            | Chief,                                           | SPf          |                                                                    |
| WOTE OF                                                                         |                                                                                                      |                                                                                                                                                                       |                                                                                                  |                                                  |              | Alaka at Fadaat Tay Caa                                            |

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Form 668 (Z)
(Rev. 10-2000)

1028

Department of the Treasury - Internal Revenue Service

# Certificate of Release of Federal Tax Lien

| I certify that the following-named taxpayer, under the requirements of section 6325 (a) of the Internal Revenue Code has satisfied the taxes listed below and all statutory additions. Therefore, the lien provided by Code section 6321 for these taxes and additions has been released. The proper officer in the office where the notice of internal revenue tax lien was filed on November 04 1994, is authorized to note the books to show the release of this lien for these taxes and additions.  Name of Taxpayer ALFRED B MACKOWN JR D/B/A MACK GLASS & UPHOLSTERY  Residence LOVE POINT RD STEVENSVILLE, MD 21666 COURT RECORDING INFORMATION:                                                                   | 11.04. 10 20.                                         | ١٠,                                                               |                                                                                             |                                                            |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Lien Unit Phone: (410) 962-1871  I certify that the following-named taxpayer, under the requirements of section 6325 (a) of the Internal Revenue Code has satisfied the taxes listed below and all statutory additions. Therefore, the lien provided by Code section 6321 for these taxes and additions has been released. The proper officer in the office where the notice of internal revenue tax lien was filed on November 04  1994, is authorized to note the books to show the release of this lien for these taxes and additions.  Name of Taxpayer ALFRED B MACKOWN JR D/B/A MACK GLASS & UPHOLSTERY  Residence LOVE POINT RD STEVENSVILLE, MD 21666  COURT RECORDING INFORMATION:  Liber Page UCC No. Serial No. |                                                       |                                                                   |                                                                                             |                                                            | Serial Number                                                                                               | For Use by Recording Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| of the Internal Revenue Code has satisfied the taxes listed below and all statutory additions. Therefore, the lien provided by Code section 6321 for these taxes and additions has been released. The proper officer in the office where the notice of internal revenue tax lien was filed on November 04  1994 , is authorized to note the books to show the release of this lien for these taxes and additions.  Name of Taxpayer ALFRED B MACKOWN JR D/B/A MACK GLASS & UPHOLSTERY  Residence LOVE POINT RD STEVENSVILLE, MD 21666  COURT RECORDING INFORMATION: Liber Page UCC No. Serial No.                                                                                                                          |                                                       |                                                                   |                                                                                             |                                                            | 529419144                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| D/B/A MACK GLASS & UPHOLSTERY  Residence LOVE POINT RD STEVENSVILLE, MD 21666  COURT RECORDING INFORMATION: Liber Page UCC No. Serial No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | of the Ir<br>additions<br>additions<br>internal<br>19 | nternal Rev<br>s. Therefo<br>s has been<br>revenue ta<br>94, is a | enue Code has<br>re, the lien prov<br>released. The<br>k lien was filed<br>authorized to no | satisfied the taxovided by Code se proper officer in onNov | es listed below and all statutory ection 6321 for these taxes and a the office where the notice of ember 04 | I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| STEVENSVILLE, MD 21666  COURT RECORDING INFORMATION: Liber Page UCC No. Serial No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ALFRED                                                | ) B MAC                                                           |                                                                                             | HOLSTERY                                                   |                                                                                                             | S A SY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Liber Page UCC No. Serial No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Residenc                                              |                                                                   | NSVILLE, I                                                                                  |                                                            | INFORMATION                                                                                                 | F FOR THE STATE OF |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                       | _                                                                 | UCC No.                                                                                     | Serial No                                                  |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| Liber Pa             |                             | Serial No.<br>2178                 |                              |      |                  |             | eml ot                            |
|----------------------|-----------------------------|------------------------------------|------------------------------|------|------------------|-------------|-----------------------------------|
| Kind of Tax          | Tax Period<br>Ending<br>(b) | Identifying Number                 | Date of<br>Assessment<br>(d) | R€   | Day for efiling  | Unp<br>of A | paid Balance<br>Assessment<br>(f) |
| 941<br>941<br>****** | 09/30/1988<br>12/31/1988    | 52-1416025<br>52-1416025<br>****** | 12/26/1988<br>03/20/1989     | 04/1 | 5/1999<br>9/1999 | *****       | 12572.61<br>11505.58              |
|                      |                             |                                    |                              |      |                  |             | 0.3 (1.75)                        |
|                      |                             | u v                                | ·                            |      |                  |             | 1                                 |
| Place of Filing      | QUEEN                       | OF THE CIRCUIT ANNE'S COUNTY       | Y                            |      | Total            | \$          | 24078.19                          |
|                      | as prepared and sign        | gned atBa                          | altimore, MD                 |      |                  |             | , on this,                        |
| Signature            | S.                          | S. Brow                            | Title Comp                   |      | ce Techn         | nical S     | Support                           |

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Lien # 2179

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Form 668

385

### Department of the Treasury - Internal Revenue Service

Notice of Federal Tax Lien (Rev. October 1993) For Optional Use by Recording Office Serial Number District BALTIMORE, MD 529419057 As provided by sections 6321, 6322, and 6323 of the Internal Revenue Code, we are giving a notice that taxes (including interest and penalties) have been assessed against the following-named taxpayer. We have made DUEEN ANNE'S COUNT a demand for payment of this liability, but it remains unpaid. Therefore, there is a lien in favor of the United States on all property and rights to property belonging to this taxpayer for the amount of these taxes, and additional penalties, interest, and costs that may accrue. Name of Taxpayer ROBERT E. GOSSELIN T/A BOSWELL & SONS CONSTRUCTION CO. INC. Residence 36Ø4 DURLEY LN BALTIMORE - MD = -21207-3852 IMPORTANT RELEASE INFORMATION: For each assessment listed below. unless notice of lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a). Unpaid Balance Tax Period Date of Last Day for Kind of Tax Refiling of Assessment Ended Identifying Number Assessment (d)(1) (a) (b) (c) (e) 8393.52 04/01/02 941 06/30/91 52-1733699 03/02/92 8537.2Ø 09/30/91 Ø2/24/92 Ø3/25/Ø2 941 52-1733699 16482.06 12/31/91 52-1733699 Ø4/27/92 Ø5/27/Ø2 941 22753.46 Ø7/15/Ø2 52-1733699 941 Ø3/31/92 Ø6/15/92 8508.02 52-1733699 09/14/92 10/14/02 941 Ø6/3Ø/92 4087.53 941 09/30/92 52-1733699 Ø4/Ø5/93 Ø5/Ø5/Ø3 12/31/92 52-1733699 Ø3/22/93 Ø4/21/Ø3 3304.01 941 Ø7/28/Ø3 2036.59 52-1733699 Ø6/28/93 941 Ø3/31/93 133.59 11/17/03 52-1733699 10/18/93 Ø6/3Ø/93 941 3989.96 Ø3/28/94 Ø4/27/Ø4 941 Ø9/3Ø/93 52-1733699 485.85 Ø6/Ø3/Ø2 94Ø 12/31/91 52-1733699 Ø5/Ø4/92 668.47 52-1733699 03/29/93 Ø4/28/Ø3 940 12/31/92 Ø4/2Ø/Ø4 57.09 52-1733699 03/21/94 94Ø 12/31/93 Place of Filing CLERK OF THE CIRCUIT COURT Total \$ 79437.35 QUEEN ANNE'S COUNTY CENTREVILLE. MD 21617 This notice was prepared and signed at \_\_BALTIMORE, MD\_ , on this. Signature Title REVENUE OFFICER A.º BOULWARE 52-Ø1-14Ø2

(NOTE: Certificate of officer authorized by law to take acknowledgments is not essential to the validity of Notice of Federal Tax lien Rev. Rul. 71-466; 1971 - 2 C.B. 409) Form 668 (Y) (Rev. 10-93)



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Form 668 (Y)

425

### Department of the Treasury - Internal Revenue Service

| (Rev. October 1993)                                                 |                                                                                             | HOLI                                                                                                                                                         | ice of Fede                                                                              | ral lar                                          | Lien        |                                  |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------|-------------|----------------------------------|
| District                                                            | <u> </u>                                                                                    | Serial Num                                                                                                                                                   | For Opti                                                                                 | onal Use by Recording Office                     |             |                                  |
| В                                                                   | ALTIMORE,                                                                                   | MD.                                                                                                                                                          | 529419                                                                                   | 280                                              |             | į                                |
| Code, we are have been as a demand fo there is a lie property being | e giving a notic<br>sessed against<br>r payment of t<br>n in favor of the<br>onging to this | 321, 6322, and 6323 of that taxes (including the following-named his liability, but it remote United States on a taxpayer for the amo, and costs that may ac | g interest and place interest we have a mains unpaid. It is property and unt of these to | denalties)<br>ave made<br>herefore,<br>rights to | ·           | CLERK, CIRCUIT COURT             |
| Name of Taxpa                                                       | ayer HERMAN                                                                                 | C & CLAUDIS A                                                                                                                                                | DORSEY                                                                                   | :                                                |             | E'S COUNTY AH    : \$5           |
|                                                                     | 6003 BRIDG<br>CHESTER, M                                                                    |                                                                                                                                                              |                                                                                          |                                                  |             | OURT<br>BSS                      |
| unless notice                                                       | of lien is refiled<br>ollowing such da                                                      | ORMATION: For each by the date given in coute, operate as a certificate,                                                                                     | lumn (e), this no                                                                        | tice shall,                                      |             |                                  |
| Kind of Tax<br>(a)                                                  | Tax Period<br>Ended<br>(b)                                                                  | ldentifying Number<br>(C)                                                                                                                                    | Date of Assessment (d)                                                                   | Last Da<br>Refill                                |             | Unpaid Balance of Assessment (f) |
| 1040<br>1040<br>1040                                                | 12/31/82<br>12/31/83<br>12/31/84                                                            | 214-34-4946                                                                                                                                                  | 12/28/87<br>11/21/88<br>11/21/88                                                         | Ø1-/27<br>12/21<br>12/21                         | /98         | 229.70<br>1765.25<br>1876.73     |
| ·                                                                   |                                                                                             |                                                                                                                                                              |                                                                                          |                                                  |             |                                  |
| lace of Filing                                                      | CLERK<br>QUEEN                                                                              | ANNE'S COUNTY                                                                                                                                                | COURT                                                                                    |                                                  | Total       | \$ 3871.68                       |
|                                                                     | s prepared and                                                                              | a signed at                                                                                                                                                  | MORE, MD                                                                                 |                                                  |             | , on this,                       |
|                                                                     | y of <u>Nov</u>                                                                             | <u>ember19 94</u> .                                                                                                                                          | T                                                                                        |                                                  |             |                                  |
| Signature<br>for                                                    | ASTRAIDO. E                                                                                 | ACCO                                                                                                                                                         | Title                                                                                    | F                                                | REVENU      | E OFFICER                        |
| (NOTE: Certi                                                        | ficate of officer auti                                                                      | norized by law to take acknow                                                                                                                                | wledgments is not e                                                                      | ssential to the                                  | validity of | Notice of Federal Tax lien       |

2180

United States

VS.

**Release of Tax Lien** 

Form 688(Z) (Rev. 4-84)

Form 668(Z)

Department of the Treasury - Internal Revenue Service

(Rev. April 1984)

★U.S.GPO:1988-0-202-019/85956

# Certificate of Release of Federal Tax Lien

| District                                                                                    | Serial Number                                                                                                                                                                                                                                                                                                                                                                           | For Optional Use by Recording Office                      |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| Baltimore                                                                                   | 529419280                                                                                                                                                                                                                                                                                                                                                                               | Ω                                                         |
| (a) of the Internal I<br>for all statutory at<br>these taxes and ad<br>the notice of Intern | the following-named taxpayer, the requirements of section 6325 Revenue Code have been satisfied for the taxes listed below and diditions. Therefore, the illen provided by Code section 6321 for ditions has been released. The proper officer in the office where had revenue tax lien was filled on November 3, rized to note the books to show the release of this lien for these s. | CLERK, CIRCUIT CO<br>95 APR -3 PM 10:<br>QUEEN ANNE'S COU |
| Name of Taxpayer                                                                            | Herman C. & Claudia A. Dorsey                                                                                                                                                                                                                                                                                                                                                           | ED<br>T COURT<br>M <b>10: 26</b><br>COUNTY                |
| Residence                                                                                   | 6003 Bridgepointe Drive<br>Chester, MD- 21619-2218-                                                                                                                                                                                                                                                                                                                                     |                                                           |

| Kind of Tax          | Tax Period<br>Ended<br>(b)       | Identifying Number                               | Date of Assessment (d)           | Last Day for Refiling            | Unpaid Balance of Assessment  (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------|----------------------------------|--------------------------------------------------|----------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1040<br>1040<br>1040 | 12/31/82<br>12/31/83<br>12/31/84 | 214-34-4946<br>214-34-4946<br>214-34-4946        | 12/28/87<br>11/21/88<br>11/21/88 | 01/27/98<br>12/21/98<br>12/21/98 | 229.70<br>1,765.25<br>1,876.73                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                      |                                  |                                                  |                                  |                                  | 60.65 344 JANUARIIA<br>60.62 ANIA<br>60.62 STAN<br>62.641 STAN<br>62.65 STAN<br>6 |
| Place of Filing      |                                  | the Circuit Cour<br>ne's County<br>11e, MD 21617 | t                                | Total                            | \$ 3,871.68                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

| This certificate was prepared and signed at | Salisbury, Maryland 21803             | , on this, |
|---------------------------------------------|---------------------------------------|------------|
| the 29th day of March , 19 95               | · · · · · · · · · · · · · · · · · · · |            |
| Signature                                   | Title                                 |            |

(NOTE: Certificate of officer authorized by law to take acknowledgements is not essential to the validity of Certificate of Release of Federal Tax Lien Rev. Rul. 71-486, 1971-2 C.B. 409)

Group Manager

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Lien # 2181

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Form 668 (Y)

382

### Department of the Treasury - Internal Revenue Service

Notice of Federal Tax Lien (Rev. October 1993) For Optional Use by Recording Office Serial Number District BALTIMORE, MD 529419283 As provided by sections 6321, 6322, and 5323 of the Internal Revenue Code, we are giving a notice that taxes (including interest and penalties) have been assessed against the following-named taxpayer. We have made a demand for payment of this liability, but it remains unpaid. Therefore, there is a lien in favor of the United States on all property and rights to DUEEN ANNE'S COUNT property belonging to this taxpayer for the amount of these taxes, and additional penalties, interest, and costs that may accrue. Name of Taxpayer WILLIAM S WYATT Residence 109 FOREST GARDEN RD STEVENSVILLE, MD 21666-2831 IMPORTANT RELEASE INFORMATION: For each assessment listed below. unless notice of lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a). Tax Period Date of Last Day for Unpaid Balance Kind of Tax Ended Identifying Number Assessment Relling of Assessment (b) (d) (c) (a) (0) (f)220-12-2315 Ø9/2Ø/93° 10/20/03 19539.88 1040 12/31/84 Ø1/12/Ø4 40307.38 1040 12/31/85 220-12-2315 12/13/93 1Ø4Ø 220-12-2315 Ø1/12/Ø4 21410.63 12/31/86 12/13/93 14738.62 12/31/88 220-12-2315 01/12/04 1040 12/13/93 Place of Filing CLERK OF THE CIRCUIT COURT Total 95996.51 QUEEN ANNE'S COUNTY CENTREVILLE, MD 21617 This notice was prepared and signed at \_\_\_BALTIMORE, MD November<sub>19</sub> Ø3r day of \_\_\_\_ Signature Title REVENUE OFFICER 52-01-1530

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Mances 5

417

Lien # 2182

Form 668 (Y)

256

### Department of the Treasury - Internal Revenue Service

| ev. October 1993)                                                                                                 |                                                                                              |                                                            | Moti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ce of Fede               | ral Tax                                       | Lien              |                                                              |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------|-------------------|--------------------------------------------------------------|
| strict                                                                                                            | <u> </u>                                                                                     |                                                            | Serial Num                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ber                      |                                               | For Optio         | nal Use by Recording Office                                  |
| As provided<br>Code, we are<br>lave been as:<br>I demand for<br>here is a lier<br>property belo<br>Idditional per | giving a notice sessed against payment of the infavor of the nging to this tables, interest, | 321, 6322, a that taxes the following liability, and costs | s (Including ng-named to put it remotes on all or the amount that may actual that may actual may ac |                          | Revenue enalties) ve made nerefore, rights to | -                 | CLERK. CIRCUIT COURT 94 NOV 17 AM 10: 47 QUEEN ANNE'S COUNTY |
| esidence R<br>C                                                                                                   | PELEASE INF                                                                                  | MD 2                                                       | 1617-972<br>I: For each                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | ed balow,                                     |                   | IVED<br>OUT COURT<br>AM 10: 47<br>E'S COUNTY                 |
| on the day for<br>in IRC 6325(a                                                                                   | llowing such da                                                                              | ite, operate                                               | as a certific                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | cate of release a        | s defined                                     | 1                 |                                                              |
| Kind of Tax<br>.(a)                                                                                               | Tax Period<br>Ended<br>(b)                                                                   |                                                            | g Number<br>(c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | . Date of Assessment (d) | Last Da<br>Refili<br>(e)                      | ng                | Unpaid Balance of Assessment (f)                             |
| 1040                                                                                                              | 12/31/92                                                                                     | 221-4:                                                     | 2- <b>9</b> Ø19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ø8/29/94                 | Ø9/28/                                        | Ø4                | 12973.24                                                     |
| ace of Filing                                                                                                     | QUEEN                                                                                        | OF THE<br>ANNE'S                                           | COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | COURT                    |                                               | Total             | \$ 12973.24                                                  |
|                                                                                                                   | s prepared and                                                                               |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MORE, MD                 |                                               |                   | , on this,                                                   |
| ignature<br>for                                                                                                   | S. ALLEN                                                                                     | rad)                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Title                    |                                               | CHIEF,<br>52-Ø1-6 | S.P.B.<br>5901                                               |

### Form 668 (Z)

2282

Department of the Treasury - Internal Revenue Service

# Certificate of Release of Federal Tax Lien

| (Rev. 10-2000)                                                                     |                                                                                                                                                                 | Certificate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | of R                                                 | elease of Fe                                                                          | ederal                       | Tax Lie               | en                                                                         |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------|-----------------------|----------------------------------------------------------------------------|
| Area:                                                                              |                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Serial                                               | Number                                                                                |                              | For Us                | e by Recording Office                                                      |
|                                                                                    | TESS/SELF EMPLO<br>ne:(410) 962-18                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      | 529419542                                                                             | 2                            |                       | •                                                                          |
| of the Internal additions. The additions has internal revented 1994 these taxes at | ne following-named to<br>I Revenue Code has<br>erefore, the lien pro-<br>been released. The<br>ue tax lien was filed<br>, is authorized to no<br>and additions. | satisfied the taxe vided by Code see proper officer in no Nove the books to s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | es listed<br>ction 63<br>the off<br>ember<br>show th | below and all sta<br>321 for these taxonice where the notes 17<br>e release of this I | etutory<br>es and<br>tice of |                       | CLERK, CIRCUIT COURT  00 NOV 20 PM 2: 52  OUEEN ANNE'S COUNTY              |
| ·                                                                                  | ,                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                                       |                              |                       | IVED<br>DUIT CO<br>PM 2:                                                   |
| Residence                                                                          | RD 3 BOX<br>CENTREVI                                                                                                                                            | 79<br>LLE, MD 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 617-9                                                | 9723                                                                                  |                              |                       | 2: <b>52</b>                                                               |
| Liber Pa                                                                           | ge UCC No.                                                                                                                                                      | RECORDING<br>Serial No<br>2183                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                      | RMATION:                                                                              |                              | *                     | ंदार्ग (aste of delease of 558 <b>(Z)</b> (Rev. 10-2000)<br>CAT, NO 600261 |
| Kind of Tax                                                                        | Tax Period                                                                                                                                                      | Identifying Nur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                                       | . Ro                         | Day for filing pu     | Unpaid Balance<br>g of Assessment                                          |
| 1040                                                                               | 12/31/1992                                                                                                                                                      | 221-42-90                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                      | 08/29/1994                                                                            | 09/2                         | 8/2004                | 12973.24                                                                   |
|                                                                                    |                                                                                                                                                                 | TO VAN TO VAN TOE C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PLUU TI                                              | COURT                                                                                 |                              | Total                 | 12973.24                                                                   |
| Place of Filing                                                                    | CLERF<br>QUEEN                                                                                                                                                  | OF THE CING ANNE'S COUREVILLE, MD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | UNTY                                                 |                                                                                       |                              | Total                 | \$ 12973.24                                                                |
|                                                                                    | as prepared and si                                                                                                                                              | !                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | İ                                                    | timore, MD                                                                            |                              |                       | , on this,                                                                 |
| the10t                                                                             | $\frac{\mathrm{h}}{\mathrm{m}}$ day of $\frac{\mathrm{Nove}}{\mathrm{m}}$                                                                                       | 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 20 | <u> </u>                                             | ***<br>5 5 135                                                                        | ) <u>3 - 5</u>               | 3/20 4<br>- * * * * * | 12973.24                                                                   |
| Signature                                                                          | 1//2000                                                                                                                                                         | 141                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                      |                                                                                       | oliano                       |                       | ical Support                                                               |

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HIS HEREBY CERTIFY THAT HIS HELD IN SECONDED IN

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Lien # 2183

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#### Department of the Treasury - Internal Revenue Service

| Form 658 (Y)<br>(Rev. October 1993)                                |                                                                                            | Mot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ice of Fed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | eral Tax                                         | Lien       |                                                                             |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------|-----------------------------------------------------------------------------|
| District                                                           | •                                                                                          | Serial Nur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                  | For Opti   | onal Use by Recording Office                                                |
| В:                                                                 | ALTIMORE                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 529419                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 689                                              |            |                                                                             |
| code, we are have been as a demand fo there is a lie property belo | e glving a notic<br>sessed against<br>r payment of t<br>n in favor of th<br>enging to this | 321, 6322, and 6323 to that taxes (including) the following-named his liability, but it release the United States on a taxpayer for the amo , and costs that may a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | og interest and place taxpayer. We have the mains unpaid. The interest is and those to those to those to those to those to those to those to those to the interest to those to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to the interest to | penalties)<br>ave made<br>herefore,<br>rights to |            | RECEIVED COURT CLERK, CIRCUIT COURT 91, NOV 21 AM 11: 52 OUEEN ANNE'S COUNT |
| Name of Taxpa                                                      | ayer JOEL A                                                                                | CARROLL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                  |            | NED CHILD                                                                   |
|                                                                    | BOX 18 THO<br>STEVENSVIL                                                                   | MPSON CREEK ROA<br>_E, MD 21666                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | מר                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                  |            | VED COURT AM 11: 52 E'S COUNTY                                              |
| unless notice<br>on the day fo                                     | of lien is refiled<br>ollowing such da                                                     | ORMATION: For each by the date given in cate, operate as a certification of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second c | olumn (e), this no<br>cate of release a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | tice shall,                                      |            |                                                                             |
| Kind of Tax<br>(a)                                                 | Tax Period<br>Ended<br>(b)                                                                 | Identifying Number<br>(c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date of<br>Assessment<br>(d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Last Da<br>Refill<br><i>(e)</i>                  | ňg         | Unpaid Balance of Assessment (f)                                            |
| 6672                                                               | Ø3/31/86                                                                                   | 482-32-3433                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 01/09/89                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Ø2/Ø8/9                                          | 7 <b>7</b> | 17953.88                                                                    |
|                                                                    |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |            | -                                                                           |
| Place of Filing Original                                           | (                                                                                          | CLERK OF THE CI<br>QUEEN ANNE'S CO<br>CENTREVILLE, MI<br>Data:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | YTNUC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | T                                                | Total      | 17953.88<br>\$                                                              |
| This notice wa                                                     | s prepared and                                                                             | BAL 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | rimore, MD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                  | _          | , on this,                                                                  |
| the day                                                            | y of November                                                                              | , 94<br>19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |            | ,                                                                           |
| Signature                                                          | A AM                                                                                       | 9<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Chief,                                           | SPf        |                                                                             |

(NOTE: Certificate of officer authorized by law to take acknowledgments is not essential to the validity of Notice of Federal Tax lien Rev. Rul. 71-466, 1971 - 2 C.B. 409) Form \$68 (Y) (Rev. 10-93) Vines extin

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Lien # 2184

Form 668 (Y) (c) (Rev. October 1993)

BALTIMORE, MD

CROFTON, MD

Tax Period

Ended

District

Residence

in IRC 6325(a).

Kind of Tax

219

As provided by sections 6321, 6322, and 6323 of the Internal Revenue Code, we are giving a notice that taxes (including interest and penalties) have been assessed against the following-named taxpayer. We have made

a demand for payment of this liability, but it remains unpaid. Therefore, there is a lien in favor of the United States on all property and rights to property belonging to this taxpayer for the amount of these taxes, and

21114

IMPORTANT RELEASE INFORMATION: For each assessment listed below. unless notice of lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined

**Identifying Number** 

additional penalties, interest, and costs that may accrue.

Name of Taxpayer ROBERT JONES & BENITA STROUD

1641 NEW WINDSOR COURT

Serial Number

Department of the Treasury - Internal Revenue Service

### **Notice of Federal Tax Lien**

529420490

Place of Filing CLERK OF THE CIRCUIT COURT Total 6494.00 QUEEN ANNE'S COUNTY CENTREVILLE, MD 21617 This notice was prepared and signed at \_\_BALTIMORE, MD , on this, Ø5t blay of \_\_\_\_\_\_December 19 \_\_\_ Signature Title MANAGER 52-Ø1-6999 ACS for

(b) (a) (d) (e) (f) (c) 2958.51 213-80-7000 Ø5/Ø6/91 Ø6/Ø5/Ø1 12/31/90 1040 06/10/02 154.37 Ø5/11/92 1040 12/31/91 213-80-7000 1503.48 06/23/03 Ø5/24/93 1040 12/31/92 213-80-7000 1877.64 **Ø6/15/Ø4** 1Ø4Ø 12/31/93 213-80-7000 Ø5/16/94

Date of

**Assessment** 

For Optional Use by Recording Office

**Unpaid Balance** 

of Assessment

QUEEN ANNE'S COUNT

Last Day for

Refiling

 $\{a,b,c\}$ 

JEJ ETS ATJUSED 7 SEBOOL 1995559.

164: GEW WINDSOR COURT : CROFTON, MD 21114

COURT ACCOSDING INFORMATIONS

Page 1000 No. Serial No. 9 55 Jan 19

10000\30080 | 1801088 New 10000-08-812 12/25/15/17/50-\$\$0**02\**\\\tag{--\$\$91\\\\\ 0007-08-813 1278171891  $\subseteq \Delta(\hat{l}, \hat{l})$ 12/31/1992 113-80-7000 05 14/1993 06/11/2003 0501

4000000 130 4901001000 0000001013 889101600.

CLERK IN THE CIRCUIT COURS PODUBOO REBUMA MESSE Tible OM LEUUTVERTMEN

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45. MAR-129年了

人名马克 一角虫 化扩充

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15003.46

Form 668(Z) (Rev.8-97)

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Department of the Treasury - Internal Revenue Service

**Certificate of Release of Federal Tax Lien** 

|                    |                        |                                               | - Of Hichcase       |                                       |                                                                               |
|--------------------|------------------------|-----------------------------------------------|---------------------|---------------------------------------|-------------------------------------------------------------------------------|
| District           |                        | Serial Nun                                    | nber                |                                       | For Use by Recording Office                                                   |
| DELAWAF            | E-MARYLAND             |                                               | 529420490_          |                                       |                                                                               |
| •                  | _                      | l taxpayer, under the re                      | -                   |                                       |                                                                               |
|                    |                        | as satisfied the taxes<br>rovided by Code sec |                     | · · · · · · · · · · · · · · · · · · · |                                                                               |
|                    |                        | he proper officer in t                        |                     |                                       |                                                                               |
| Internal reve      | enue tax lien was flie | ed onDe                                       | cember 08           |                                       |                                                                               |
|                    | <del></del> ,          | ote the books to sh                           | ow the release of t | his ilen for                          | CLERK, A                                                                      |
|                    | and additions.         |                                               |                     |                                       |                                                                               |
| Name of Tax        | payer ROBERT           | JONES & BENI                                  | TA STROUD           |                                       | RECEIVED<br>CLERK, CIRCUIT COURT<br>98 DEC 21 PM 2: 12<br>OUEEN ANHE'S COUNTY |
|                    |                        | •                                             |                     |                                       | RECEIVED<br>CIRCUIT<br>21 PM 2<br>ANNE'S CC                                   |
| Residence          | 1641 NEW W             | INDSOR COURT                                  |                     |                                       | PM PM                                                                         |
|                    | CROFTON, M             |                                               |                     | ì                                     | 000<br>2:                                                                     |
|                    |                        |                                               |                     |                                       | COURT<br>2: 12<br>OUNTY                                                       |
|                    | COURT RE               | CORDING INFOR                                 | MATTONE             |                                       | <b>→</b> •• →                                                                 |
| ber Page           |                        | erial No.                                     | 1111 2011           |                                       |                                                                               |
| /a n/a             | n/a                    | n/a                                           |                     |                                       |                                                                               |
| Kind of Tax<br>(a) | Tax Period Ended (b)   | Identifying Number (c)                        | Date of Assessment  | Last Day<br>Refiling                  |                                                                               |
|                    |                        |                                               | (d)                 | (e)                                   |                                                                               |
| 1040               | 12/31/1990             | 213-80-7000                                   | 05/06/1991          | 06/05/20                              | 001 2958.51 ×                                                                 |
| 1040               | 12/31/1991             | 213-80-7000                                   | 05/11/1992          | 06/10/20                              |                                                                               |
| 1040               | 1                      | 213-80-7000                                   | 05/24/1993          | 06/23/20                              | 1                                                                             |
| 1040               | 12/31/1993             | 213-80-7000                                   | 05/16/1994          | 06/15/20                              |                                                                               |
| ****               | ****                   | ****                                          | ****                | ****                                  | ****                                                                          |
|                    |                        |                                               |                     |                                       |                                                                               |
|                    |                        |                                               |                     |                                       | ·                                                                             |

Place of Filing

CLERK OF THE CIRCUIT COURT

QUEEN ANNE'S COUNTY

CENTREVILLE, MD 21617

| This notice was prepared and signed at - | Baltimore: MD | , on this, |
|------------------------------------------|---------------|------------|
|                                          |               |            |

the <u>11th day of December</u>; <u>199</u>8

Signature

Title

Chief, SPf

John Sauce Clearlach Lagn

HIS (I HYREHY CERTURY TELL)

LECEIVED FOR RECORD THIS

LECEIVED FOR OUTERN, ADMINISTRATION

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Form 668 (Y) (c) (Rev. October 1993)

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Department of the Treasury - Internal Revenue Service

## **Notice of Federal Tax Lien**

| Tiov. October 15                                                    | ,30,                                                                                        | NOU                                                                                                                                                               | CC UI I CUC                                                                                 | iai iax i                                        | LIGII                                |                                                              |  |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------|--------------------------------------------------------------|--|
| District                                                            | Serial Number                                                                               |                                                                                                                                                                   |                                                                                             |                                                  | For Optional Use by Recording Office |                                                              |  |
| В                                                                   | ALTIMORE, N                                                                                 | מף                                                                                                                                                                | 529421014                                                                                   |                                                  |                                      |                                                              |  |
| Code, we are have been as a demand for there is a lie property belo | giving a notic<br>sessed against<br>r payment of the<br>n in favor of the<br>onging to this | 321, 6322, and 6323 or that taxes (including the following-named this liability, but it remove United States on all taxpayer for the amove, and costs that may ac | g Interest and p<br>taxpayer. We ha<br>nains unpaid. T<br>I property and<br>unt of these ta | penalties)<br>ave made<br>herefore,<br>rights to |                                      | CLERK, CIRCUIT COURT 94 DEC 19 AM 10: 12 OUEEN ANNE'S COUNTY |  |
| Name of Taxpa                                                       |                                                                                             | NED COU                                                                                                                                                           |                                                                                             |                                                  |                                      |                                                              |  |
| Residence                                                           |                                                                                             | COURT<br>IO: 12                                                                                                                                                   |                                                                                             |                                                  |                                      |                                                              |  |
| unless notice                                                       | of lien is refiled<br>oll <b>o</b> wing such da                                             | ORMATION: For each by the date given in colute, operate as a certific                                                                                             | lumn (e), this no                                                                           | tice shall,                                      |                                      |                                                              |  |
| Kind of Tax                                                         | Tax Perlod<br>Ended<br>(b)                                                                  | Identifying Number<br>(c)                                                                                                                                         | Date of Assessment (d)                                                                      | Last Day<br>Refilir<br>(e)                       |                                      | Unpald Balance<br>of Assessment<br>(f)                       |  |
| 941<br>941                                                          | 09/30/93<br>12/31/93                                                                        |                                                                                                                                                                   | 12/27/93<br>Ø3/28/94                                                                        | Ø1/26/<br>Ø4/27/                                 |                                      | 1533.47<br>5122.20                                           |  |
| . 1                                                                 |                                                                                             |                                                                                                                                                                   |                                                                                             |                                                  |                                      |                                                              |  |
|                                                                     |                                                                                             |                                                                                                                                                                   |                                                                                             |                                                  |                                      |                                                              |  |
| · · · · · · · · · · · · · · · · · · ·                               | · · ·                                                                                       | •                                                                                                                                                                 |                                                                                             |                                                  |                                      | -                                                            |  |
| Place of Filing                                                     | CLERK<br>QUEEN                                                                              | OF THE CIRCUIT<br>ANNE'S COUNTY<br>EVILLE, MD 21                                                                                                                  | COURT                                                                                       |                                                  | Total                                | \$ 6655.67                                                   |  |
| This notice wa                                                      | s prepared and                                                                              | d signed atBALTI                                                                                                                                                  | MORE, MD                                                                                    |                                                  |                                      | , on this                                                    |  |
| ne12t da                                                            | y of Dec                                                                                    | ember <sub>19</sub> 94                                                                                                                                            |                                                                                             |                                                  |                                      |                                                              |  |
| Signature<br>for                                                    | L all                                                                                       | IANAGEF<br>52-Ø1-6                                                                                                                                                |                                                                                             |                                                  |                                      |                                                              |  |
| Place of Filing This notice wa This notice was The                  | CLERK<br>QUEEN<br>CENTR<br>as prepared and                                                  | OF THE CIRCUIT<br>ANNE'S COUNTY<br>EVILLE, MD 21<br>d signed atBALTI                                                                                              | COURT 617 MORE, MD                                                                          | M                                                | Total                                | \$ 6655.67<br>, on this                                      |  |

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Form 668 (Z)

(Rev. 5-94)

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### Department of the Treasury - Internal Revenue Service

Certificate of Release of Federal Tax Lien

| District                                                                                                                         | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Seriel Numb                          | Seriel Number                  |                                 |     | For Use by Recording Office            |  |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------|---------------------------------|-----|----------------------------------------|--|
| Bi                                                                                                                               | ALTIMORE, N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1D                                   | 529421                         | 014                             |     |                                        |  |
| l certify that es<br>of the internal<br>ell etatutory es<br>taxes and add<br>notice of intern<br>19 74 , is in<br>these taxes an | RECEIVED COURT CLERK, CIRCUIT COURT 95 APR -4 AM 9: 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |                                |                                 |     |                                        |  |
| Name of Taxpa                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | /ED cou                              |                                |                                 |     |                                        |  |
|                                                                                                                                  | 2840 COX NE<br>CHESTER, MI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |                                |                                 |     | 417<br>10 BI                           |  |
| COURT REC<br>Liber<br>BP-1                                                                                                       | ORDING INFO<br>Page<br>130                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ORMATION:<br>UCC No.<br>n/a          | Serial No<br>2185              |                                 |     |                                        |  |
| Kind of Tax<br>(a)                                                                                                               | Tax Period<br>Ended<br>(b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ldentifying Number<br>(c)            | Date of Assessment (d)         | Last Da<br>Refili<br><i>(e)</i> | ng  | Unpaid Balance<br>of Assessment<br>(f) |  |
| 941<br>941<br>*****                                                                                                              | 09/30/93<br>12/31/93<br>*****                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 52-1376446<br>52-1376446<br>******** | 12/27/93<br>03/28/94<br>****** | 01/26/<br>04/27/<br>******      | 04  | 1533.47<br>5122.20<br>*********        |  |
| Place of Filing                                                                                                                  | <b>\$</b> 6655.67                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                |                                 |     |                                        |  |
|                                                                                                                                  | prepared and si                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | g., 00 <b>u</b>                      | MORE, MD                       |                                 |     | , on this,                             |  |
| Signature                                                                                                                        | De la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya della companya della companya de la companya della |                                      | Title                          | Chief,                          | SPf |                                        |  |

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Form 668 (Y) (c) (Rev. October 1993)

#### Department of the Treasury - Internal Revenue Service

#### **Notice of Federal Tax Lien**

| nev. October 13                                                                     | 30)                                                                                    | MOLI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CE OI LENE                                                                           | iai iax                                         | FIGII      |                                                                                |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------|------------|--------------------------------------------------------------------------------|
| District                                                                            |                                                                                        | Serial Num                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ber                                                                                  | <del></del>                                     | For Option | onal Use by Recording Office                                                   |
| В                                                                                   | ALTIMORE                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5294200                                                                              | 373                                             | l<br>      |                                                                                |
| Code, we are have been as a demand for there is a lier property belo additional per | giving a notic<br>sessed against<br>payment of the<br>in favor of the<br>nging to this | 321, 6322, and 6323 of that taxes (including the following-named this liability, but it remove United States on all taxpayer for the amount and costs that may act with the wear and with the states on all taxpayer for the amount with the states of the states of the wear and costs that may act with the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states o | interest and paxpayer. We have<br>alns unpald. To<br>property and<br>unt of these ta | enalties)<br>ave made<br>herefore,<br>rights to |            | RECEIVED<br>CLERK, CIRCUIT COURT<br>94 DEC 19 AM 10: 12<br>QUEEN ANNE'S COUNTY |
|                                                                                     |                                                                                        | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                      |                                                 |            | CEIVED<br>IRCUIT                                                               |
|                                                                                     | PO BOX 523<br>GRASONVILLI                                                              | E, MD 21 <b>638</b> 052                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3                                                                                    |                                                 |            | VED COURT<br>NIT COURT<br>AM 10: 12                                            |
| unless notice on the day fo                                                         | of lien is refiled<br>Blowing such da                                                  | ORMATION: For each by the date given in colute, operate as a certific IGINAL DATE IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | lumn (e), this no<br>ate of release a                                                | tice shall,<br>is defined                       |            | <b>~</b> ** <b>~</b>                                                           |
| Kind of Tax                                                                         | Tax Period<br>Ended<br>(b)                                                             | identifying Number<br>(c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date of Assessment (d)                                                               | Last Da<br>Refill<br>(e)                        | lng        | Unpald Balance<br>of Assessment<br><i>(f)</i>                                  |
| 1 Ø 4 Ø<br>1 Ø 4 Ø                                                                  | 12/31/82<br>12/31/83                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ø2/Ø6/89<br>Ø2/Ø6/89                                                                 | Ø3/Ø8/<br>Ø3/Ø8/                                |            | 6938.52<br>4030.71                                                             |
|                                                                                     |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                                 |            | ·                                                                              |
|                                                                                     |                                                                                        | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ·                                                                                    | :                                               |            |                                                                                |
| Place of Filing                                                                     |                                                                                        | CLERK OF THE CI<br>QUEEN ANNE'S CO<br>CENTREVILLE, MD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | UNTY                                                                                 | T .                                             | Total      | 10969.23                                                                       |
| O Igiliai                                                                           | Werel aris                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 387                                                                                  |                                                 |            | L                                                                              |
| This notice wa                                                                      | s prepared and                                                                         | d signed atBALT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | IMORE, MD.                                                                           | <del></del>                                     |            | , on this,                                                                     |
| he <u>12th</u> da                                                                   | y of <u>Decembe</u>                                                                    | r, 79 <sup>4</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      |                                                 |            | •                                                                              |
| Signature                                                                           | L all                                                                                  | lei                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Title                                                                                | Chiefa                                          | SPf        |                                                                                |
|                                                                                     | //- V ''-                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                                 |            |                                                                                |

(NOTE: Certificate of officer authorized by law to take acknowledgments is not essential to the validity of Notice of Federal Tax lien Rev. Rul. 71-466, 1971 - 2 C.B. 409)

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lien # 2187

Form 668 (Y) (c) (Rev. October 1993) Department of the Treasury - Internal Revenue Service

#### **Notice of Federal Tax Lien**

For Optional Use by Recording Office Serial Number District 529420830 BALTIMORE As provided by sections 6321, 6322, and 6323 of the Internal Revenue Code, we are giving a notice that taxes (including interest and penalties) have been assessed against the following-named taxpayer. We have made a demand for payment of this liability, but it remains unpaid. Therefore, DUEEN ANNE'S COUNT there is a lien in favor of the United States on all property and rights to property belonging to this taxpayer for the amount of these taxes, and additional penalties, interest, and costs that may accrue. Name of Taxpayer JOHN D & HENRIETTA V E WARFIELD Residence 760-E FAIRVIEW AVE ANNAPOLIS, MD 21403 IMPORTANT RELEASE INFORMATION: For each assessment listed below, unless notice of lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRG 6325 ORRECTS ORIGINAL DATE IN COL. (e) \*\*\* Last Day for Unpaid Balance Tax Period Date of KIND of Tax of Assessment Ended **Identifying Number** Assessment Refiling (b) (d) (e) (f)(a)(c) 9778.Ø3 Ø44-12-Ø168 Ø2/27/89 Ø3/29/99 1040 12/31/80 8153.93 1040 Ø44-12-Ø168 Ø2/27/89 Ø3/29/99 . 12/31/81 7787.59 Ø44-12-Ø168 Ø2/Ø6/89 Ø3/Ø8/99 1040 12/31/84 2339.74 1040 12/31/85 Ø44-12-Ø168 Ø2/2Ø/89 Ø3/22/99 1843.Ø3 Ø44-12-Ø168 02/06/89 03/08/99 1040 12/31/86 1138.44 1040 12/31/87 Ø44-12-Ø168 02/06/89 Ø3/Ø8/99 CLERK OF THE CIRCUIT COURT Place of Filing QUEEN ANNE'S COUNTY 31040.76 Total CENTREVILLE, MD Original Recording Data: BALTIMORE, This notice was prepared and signed at \_ 12th day of December Signature Title Chief, (NOTE: Certificate of officer authorized by law to take acknowledgments is not essential to the validity of Notice of Federal Tax lien

Peter S. and Circly Manefield

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Lien # 2188

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Department of the Treasury - Internal Revenue Service

Corm 668 (Y) (c)

13thay of 61 yadmasad — 'sith no . This notice was prepared and signed at BALTIMORE, MD **Z191**Z αЫ CENTREVILLE, ONEEN WUNE'S COUNTY 69 °Ø11t Total CLERK OF THE CIRCUIT COURT Place of Filing +0/90/L0 <del>t</del>6/90%90 Ø889-99-ØZZ 26/IE/ZI ØbØI 69 "ØIIb (a) (q) (e) Insmesses to Refillng .insmassassA Identifying Number **Ended** Kind of Tax **Nubsid Balance** Last Day for Date of Tax Perlod in IRC 6325(a) on the day following such date, operate as a certificate of release as defined unless notice of lien is refiled by the date given in column (e), this notice shall, IMPORTANT RELEASE INFORMATION: For each assessment listed below, CENTREVILLE, MD QUEEN ANNE'S COUNTY **レスごしーとじりじご** 94 DEC 20 AM 9: 2 96ø CONQUEST RD Residence PETER J & CINDY MANSFIELD Jame of Taxpayer additional penalties, interest, and costs that may accrue. property belonging to this taxpayer for the amount of these taxes, and there is a lien in favor of the United States on all property and rights to a demand for payment of this liability, but it remains unpaid. Therefore, have been assessed against the following-named taxpayer. We have made Code, we are giving a notice that taxes (including interest and penalties) As provided by sections 6321, 6322, and 6323 of the internal Revenue BOLTINORE, ND 229421100 District Serial Number For Optional Use by Recording Office Notice of Federal Tax Lien (Rev. October 1993) 518

Form 668 (Y) (c) (Rev. 10/93)

6669-IØ-ZS

MANAGER

Part 1 - Kept By Recording Office

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Hev. Rul. 71-466, 1971 - 2 C.B. 409) (NOTE: Certificate of officer authorized by law to take acknowledgments is not essential to the validity of Notice of Federal Tax lien

Signature

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Department of the Treasury - Internal Revenue Service

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# Certificate of Release of Federal Tax Lien

Signature 0 4 th , sid1 no , --This notice was prepared and signed at पील <sub>एवलव्याम</sub>ाडिध CENTREVILLE. 21912  $0\,\%$ 69"0115 GUEEN ANNE'S COUNTY **Total** \$ CHERK OF THE CIRCUIT COURT pailing to eseld \*\*\*\* 15/31/30 69"0111 70/90/20 ⊮6/90/90 0889-99-027 0001 (a) (p)(0) (q)(B) Insmasses to Refiling Insmassea Identifying Mumber bebn∃ xsT to briX **Nubsid Balance** Last Day for Date of Doined xsT 8 / U 130 I - d 5 1. 2188 абед .oM [sing2 псс ис. J84:7 COURT RECORDING INFORMATION: сеитвечісье, 2221-21912 эво соминяец во AECENTE OF EAC CIRCUIT COURT 97 FEB 10 PH 2: 31 Residence BELEK 1 8 CINDA WUNSELEED revequeT to emak enolibbe bas sexal esett not nell elet to session off works of excood off story to the release of this file. It \_ no ballt esw nell kat cunovet lantotal to cation Decemper 30 saxoo ond calllons has boon released. The proper officer in the office where the ell elalutory additions. Therefore, the lien provided by Code section 6321 for these of the intermal Revenue Gode have been setisting for the taxes listed below and for (a) 6326 and the to the the reament the requirements of section 6326 (b) DEF BMOKE - WORVLAKD 229421100 For Use by Recording Office Serial Number Diskie: (98-9 NOH)

Chief, SPf

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Lien # 2189

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Department of the Treasury - Internal Revenue Service

427 Form 668 (Y) (c) **Notice of Federal Tax Lien** (Rev. October 1993) For Optional Use by Recording Office Serial Number District 529421404 RALTIMORE, MD As provided by sections 6321, 6322, and 6323 of the Internai Revenue QUEEN ANNE'S COUNT' Code, we are giving a notice that taxes (including interest and penalties) have been assessed against the following-named taxpayer. We have made a demand for payment of this liability, but it remains unpaid. Therefore, there is a lien in favor of the United States on all property and rights to property belonging to this taxpayer for the amount of these taxes, and additional penalties, interest, and costs that may accrue. Name of Taxpayer JAMES F BOWSER CONTRACT HAULING INC a CORPORATION

Residence

801 CEMETARY RD. GRASONVILLE, MD 21638-9768

IMPORTANT RELEASE INFORMATION: For each assessment listed below. unless notice of lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a).

**Unpaid Balance** Tax Period Last Day for Date of Kind of Tax Identifying Number of Assessment Ended Assessment Refiling (a) (b) (d) . (e) (f) (C) 3385.55 Ø8/29/94 Ø9/28/Ø4 **Ø6/3Ø**/93 52-1477674 941 487Ø.33 Ø9/14/Ø4 12/31/93 52-1477674 Ø8/15/94 941 Place of Filing CLERK OF THE CIRCUIT COURT Total \$ 8255.88 QUEEN ANNE'S COUNTY

| •                                     |            |    |                    |
|---------------------------------------|------------|----|--------------------|
| his notice was prepared and signed at | BALTIMORE, | MD | , o <b>n</b> this, |

21617

he <u>16</u>t day of <u>Becember</u>19

CENTREVILLE,

MD

signature

Title

REVENUE OFFICER 52-Ø1-1526

Department of the Treasury - Internal Revenue Service

| (Rev. 5-94)                                                              | Certificate of Release of Federal Tax Lien                                                 |                                                                                                                                                                |                                                                               |                                      |              | x Lien                                                                        |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------|--------------|-------------------------------------------------------------------------------|
| District                                                                 |                                                                                            | Serial Numb                                                                                                                                                    | ber                                                                           |                                      | For          | Use by Recording Office                                                       |
|                                                                          | ALTIMORE, 1                                                                                | <del></del>                                                                                                                                                    | 529421                                                                        |                                      |              |                                                                               |
| of the Internal<br>all statutory ac<br>taxes and add<br>notice of Intern | Revenue Code h dditions. Therefor litions has been i nal revenue tax lic n authorized to r | name taxpayer, the requi<br>ave been satisfied for the<br>re, the lien provided by C<br>released. The proper offi<br>en was filed on<br>note the books to show | e taxes listed belo<br>Code section 6321<br>Icer in the office<br>December 2: | ow and for<br>for these<br>where the | •            | RECEIVED<br>CLERK, CIRCUIT COURT<br>95 MAR 23 AM 9: 27<br>OUEEN ANNE'S COUNTY |
| Name of Taxpa                                                            | <sup>yer</sup> JAMES F I<br>a CORPORA                                                      | BOWSER CONTRACT<br>ATION                                                                                                                                       | HAULING I                                                                     | NC                                   |              | RCUIT C<br>3 AM S                                                             |
|                                                                          | BO1 CEMETAR<br>GRASONVILLE                                                                 |                                                                                                                                                                | 68                                                                            |                                      |              | COURT<br>9: 27                                                                |
| COURT REC<br>Liber<br>bp1                                                | DRDING INFO<br>Page<br>130                                                                 | DRMATION:<br>UCC No.<br>n/a                                                                                                                                    | Serial No<br>2189                                                             | •                                    |              |                                                                               |
| Kind of Tax (a)                                                          | Tax Period<br>Ended<br>(b)                                                                 | IdentifyIng Number<br>(c)                                                                                                                                      | Date of Assessment (d)                                                        | Last Da<br>Refili<br><i>(e)</i>      | ng           | Unpaid Balance<br>of Assessment<br>(f)                                        |
| 941<br>941<br>*****                                                      | 06/30/93<br>12/31/93<br>*****                                                              | 52-1477674                                                                                                                                                     | 08/29/94<br>08/15/94<br>*****                                                 | 09/28/<br>09/14/<br>*****            | 04           | 3385.55<br>4870.33<br>*******                                                 |
|                                                                          |                                                                                            | ·                                                                                                                                                              |                                                                               |                                      |              |                                                                               |
|                                                                          |                                                                                            |                                                                                                                                                                |                                                                               |                                      | ,            |                                                                               |
| Place of Filing                                                          | QUEEN                                                                                      | OF THE CIRCUIT<br>ANNE'S COUNTY<br>EVILLE, MD 21                                                                                                               | COURT<br>617                                                                  |                                      | Total        | \$<br>8255.88                                                                 |
| This notice was                                                          | prepared and si                                                                            | gned atBALTI                                                                                                                                                   | MORE, MD                                                                      | <del></del>                          | <del>.</del> | , on this,                                                                    |
| the <sup>15th</sup> day                                                  | of March                                                                                   | , 19 <u>95</u> .                                                                                                                                               |                                                                               |                                      |              |                                                                               |
| Signature                                                                | haad B                                                                                     | Ma.                                                                                                                                                            | Title                                                                         | Chief.                               | SPf          |                                                                               |

(NOTE: Certificate of officer authorized by law to take acknowledgments is not essential to the validity of Certificate of Release of Federal Tax lien Rev. Rul. 71-466, 1971-2 C.B. 409)

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ECENTED P



Lien # 2190

| 660 (V) (a                                                         | 423                                                                                         | Department (                                                                                                                                                            | of the Treasury -                                                                           | Internal Revenue S                    | ervice                                                       | <b>V</b>       |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------|----------------|
| Form 668 (Y) (c<br>Rev. October 19                                 | 7                                                                                           | Noti                                                                                                                                                                    | ce of Fede                                                                                  | ral Tax Lien                          |                                                              | *              |
| District                                                           |                                                                                             | Serial Num                                                                                                                                                              | ber                                                                                         | For O                                 | ptional Use by Recording O                                   | ffice          |
| BA                                                                 | LTIMORE, N                                                                                  | 10                                                                                                                                                                      | 5294215                                                                                     | 64                                    |                                                              | ¥ <del>4</del> |
| Code, we are have been as a demand fo there is a lie property belo | e giving a notice<br>sessed agains<br>r payment of t<br>n in favor of the<br>onging to this | 321, 6322, and 6323 of the taxes (Including the following-named this liability, but it remains the United States on all taxpayer for the amout, and costs that may act. | g Interest and p<br>taxpayer. We ha<br>tains unpaid. T<br>I property and<br>unt of these ta | enaltles) ve made nerefore, rights to | RECEIVED<br>CLERK, CIRCUIT<br>94 DEC 30 AM<br>OUEEN ANNE'S C |                |
| Name of Taxpa                                                      | ayer<br>FRANCIS                                                                             | B & CAROL A RI                                                                                                                                                          | CHTER                                                                                       |                                       | VED<br>UIT COURT<br>AM <b>9: 38</b><br>'S COUNTY             |                |
|                                                                    | 19 INDIAN<br>TEVENSVILL                                                                     | PLANTATION DR<br>E, MD 21666-32                                                                                                                                         | 19                                                                                          | <del></del>                           | COURT<br>9: 38                                               | <u></u> †iil   |
| unless notice                                                      | of lien is refiled ollowing such da                                                         | FORMATION: For each d by the date given in co ate, operate as a certific                                                                                                | lumn (e), this no                                                                           | ice shall,                            |                                                              | •              |
| Kind of Tax                                                        | Tax Period<br>Ended                                                                         | ldentifying Number                                                                                                                                                      | Date of Assessment                                                                          | Last Day for Refiling                 | Unpaid Balance of Assessment                                 |                |

| Kind of Tax                                                             | Tax Period<br>Ended<br>(b)       | identifying Number<br>(c)                 | Date of Assessment (d)           | Last Day for<br>Refiling<br>(e)  | Unpaid Balance<br>of Assessment<br>(f) | _ |
|-------------------------------------------------------------------------|----------------------------------|-------------------------------------------|----------------------------------|----------------------------------|----------------------------------------|---|
| 1 <i>0</i> 4 <i>0</i><br>1 <i>0</i> 4 <i>0</i><br>1 <i>0</i> 4 <i>0</i> | 12/31/90<br>12/31/92<br>12/31/93 | 219-40-1815<br>219-40-1815<br>219-40-1815 | Ø4/Ø6/94<br>11/29/93<br>1Ø/1Ø/94 | Ø5/Ø6/Ø4<br>12/29/Ø3<br>11/Ø9/Ø4 | 15530.79<br>52482.16<br>31971.17       | _ |
|                                                                         |                                  | ;<br>;                                    |                                  |                                  |                                        |   |
|                                                                         |                                  |                                           | ·                                |                                  |                                        | 1 |
| Place of Filing                                                         |                                  | OF THE CIRCUIT                            | COURT                            |                                  |                                        | - |

CLERK OF THE CIRCUIT COURT QUEEN ANNE'S COUNTY CENTREVILLE, MD 21617

Total | \$ 99984.12

This notice was prepared and signed at \_BALTIMORE, MD

, on this,

he <u>21s</u>tday of <u>Becember, 19</u>

Signature

Title

REVENUE OFFICER 52-Ø1-1522

(NOTE: Certificate of officer authorized by law to take acknowledgments is not essential to the validity of Notice of Federal Tax ilen Rev. Rul. 71-466, 1971 - 2 C.B. 409)

PRANCIS B+ CAROL A. RICHTER

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Form 668 (Z) (Rev. 10-2000)

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Department of the Treasury - Internal Revenue Service

#### Certificate of Release of Federal Tax Lien

| Area:                                                                                                    |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Serial Number                                                                                                                                |                                 | For Use by Recording Office |                                        |  |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------|----------------------------------------|--|
| WAGE & INVE                                                                                              | STMENT AREA #2<br>ne:(410) 962-18                                                                                                   | 71                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 52942156                                                                                                                                     | 54                              |                             |                                        |  |
| of the Internal additions. The additions has internal revenue 1994 these taxes at Name of Taxp FRANCIS B | Revenue Code has erefore, the lien probeen released. The lie tax lien was filed, is authorized to not additions.  ayer  & CAROL A R | satisfied the taxes vided by Code section proper officer in the on December the books to show the content of the books to show the content of the books to show the books to show the content of the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books to show the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the books the b | quirements of section (<br>listed below and all so<br>on 6321 for these take<br>the office where the no<br>aber 30<br>ow the release of this | tatutory<br>kes and<br>otice of |                             | CLERK, CIRCUIT C<br>2004 JUL 19 PM 2   |  |
|                                                                                                          | 9 INDIAN PLA<br>EVENSVILLE,                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9                                                                                                                                            |                                 |                             | ОЦВ<br>158                             |  |
| Liber Pa<br>n/a n                                                                                        |                                                                                                                                     | RECORDING IN<br>Serial No.<br>2190                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | FORMATION:                                                                                                                                   |                                 |                             | <b>≺</b> ⊣                             |  |
| Kind of Tax                                                                                              | Tax Period<br>Ending<br>(b)                                                                                                         | Identifying Numb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date of Assessment (d)                                                                                                                       | ] Re                            | Day for efiling (e)         | Unpaid Balance<br>of Assessment<br>(f) |  |
| 1040                                                                                                     | 12/31/1990                                                                                                                          | 219-40-1815                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 04/06/1994                                                                                                                                   | 05/0                            | 6/2004                      | 15530.79                               |  |
| 1040<br>1040                                                                                             | 12/31/1992<br>12/31/1993                                                                                                            | 219-40-1815<br>219-40-1815                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                              |                                 | 9/2003<br>9/2004            | 52482.16<br>31971.17                   |  |
| *****                                                                                                    | ******                                                                                                                              | *****                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | *******                                                                                                                                      | ****                            | *****                       | *****                                  |  |
|                                                                                                          |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |                                 |                             | •                                      |  |
|                                                                                                          |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              | 1                               |                             |                                        |  |
|                                                                                                          |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              | }                               |                             |                                        |  |
|                                                                                                          |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |                                 |                             |                                        |  |
| Place of Filing                                                                                          |                                                                                                                                     | <u>!</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                              | <u> </u>                        |                             |                                        |  |
|                                                                                                          | CLERF<br>QUEEN                                                                                                                      | OF THE CIRC<br>NANNE'S COUR<br>REVILLE, MD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | YTY                                                                                                                                          |                                 | Total                       | \$ 99984.12                            |  |
| This notice wa                                                                                           | as prepared and si                                                                                                                  | gned at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Baltimore, M                                                                                                                                 | D                               |                             | , on this,                             |  |
| the 07t                                                                                                  | h day of July                                                                                                                       | , 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                              |                                 |                             |                                        |  |
| Signature                                                                                                | K                                                                                                                                   | . L. Bli                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                              | mplian<br>nager                 | ce Techr                    | nical Support                          |  |

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QUEEN ANNES COUNTY, SOFT

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Form 668 (Y)

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#### Department of the Treasury - Internal Revenue Service

## Notice of Federal Tax Lien

| Hev. October 1993)                                                                   | l l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 14061                                                                                                                                                                            | or willeuti                                                                                   | ui iux                                       | LIVII      |                                                                               |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------|------------|-------------------------------------------------------------------------------|
| District                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Serial Num                                                                                                                                                                       | oer                                                                                           |                                              | For Option | nal Use by Recording Office                                                   |
| В                                                                                    | ALTIMORE,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MD                                                                                                                                                                               | 5295ØØ                                                                                        | l ØØ                                         |            |                                                                               |
| Code, we are have been ass a demand for there is a lier property belo additional per | giving a notice sessed against payment of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the li | 321, 6322, and 6323 of that taxes (including the following-named this liability, but it remove United States on all taxpayer for the amount and costs that may active PINKETT JR | interest and pe<br>axpayer. We hav<br>ains unpaid. Th<br>I property and r<br>unt of these tax | enalties)<br>re made<br>erefore,<br>ights to |            | RECEIVED<br>CLERK, CIRCUIT COURT<br>95 JAN 12 AM 9: 30<br>QUEEN ANNE'S COUNTY |
| Tamo or Taxpa                                                                        | 1Ø6 LEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                  |                                                                                               |                                              |            | VED<br>AM 9:                                                                  |
|                                                                                      | PO BOX 56<br>CHESTER, M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1D 21619-0056                                                                                                                                                                    |                                                                                               |                                              |            | COURT<br>9: 30<br>COUNTY                                                      |
| unless notice                                                                        | of lien is refiled<br>llowing such da                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ORMATION: For each by the date given in colute, operate as a certific                                                                                                            | lumn (e), this noti                                                                           | ce shall,                                    |            |                                                                               |
| Kind of Tax                                                                          | Tax Period<br>Ended<br>(b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ldentifying Number<br>(c)                                                                                                                                                        | Date of<br>Assessment (d)                                                                     | Last Da<br>Refill<br>(e)                     | ing        | Unpaid Balance<br>of Assessment<br>(f)                                        |
| 1040<br>1040                                                                         | 12/31/91<br>12/31/93                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | •                                                                                                                                                                                | Ø6/12/93<br>Ø5/3Ø/94                                                                          | Ø7/12<br>Ø6/29                               |            | 2482.84<br>2833.41                                                            |
|                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                  |                                                                                               |                                              |            | ·                                                                             |
| Place of Filing                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ANNE'S COUNTY                                                                                                                                                                    | T COURT                                                                                       |                                              | Total      | \$ 5316.25                                                                    |
|                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                  |                                                                                               |                                              |            |                                                                               |
| This notice wa                                                                       | s prepared an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | d signed atBALT                                                                                                                                                                  | IMORE, MD                                                                                     |                                              | <u> </u>   | , on this                                                                     |
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Form 668(Z) 2282 Department of the Treasury - Internal Revenue Service

| (Rev.8-97)                                                      |                                                                                  | Certificate                                                                                           | e of Release                                                                               | of Federal 7                              | Гах Lien                                                                      |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------|
| District                                                        |                                                                                  | Serial Nur                                                                                            | nber                                                                                       | F                                         | or Use by Recording Office                                                    |
| DELAWAR                                                         | E-MARYLAND                                                                       | ľ                                                                                                     | 529500100                                                                                  |                                           |                                                                               |
| of the Intern<br>additions. Th<br>additions ha<br>Internal reve | al Revenue Code<br>nerefore, the lien<br>s been released.<br>nue tax lien was fi | ed taxpayer, under the rhas satisfied the taxes provided by Code secured the proper officer in led on | equirements of sects listed below and a stion 6321 for these the office where the nuary 12 | all statutory<br>taxes and<br>e notice of | <b>០</b><br>ទ                                                                 |
|                                                                 | and additions.                                                                   | note the books to sil                                                                                 | OW THE Telease Of I                                                                        | ins her for                               | oneen /<br>030 85<br>CLERK'                                                   |
| Name of Taxp                                                    | oayer CARL<br>106 LEE                                                            | E PINKETT JR<br>RD                                                                                    |                                                                                            |                                           | RECEI<br>C CIRCU                                                              |
| Residence                                                       | FO BOX 56<br>CHESTER,                                                            | MD 21619-0056                                                                                         |                                                                                            |                                           | RECEIVED<br>CLERK, CIRCUIT COURT<br>98 DEC 21 PM 2: 12<br>OUEEN ANNE'S COUNTY |
| Liber Page<br>T <u>SP1 130</u>                                  | UCC No.                                                                          | ECORDING INFOR<br>Serial No.<br>2191                                                                  | MATION:                                                                                    |                                           |                                                                               |
| Kind of Tax<br>(a)                                              | Tax Period Ended                                                                 | i Identifying Number<br>(c)                                                                           | Date of Assessment (d)                                                                     | Last Day for<br>Refiling<br>(e)           | Unpaid Balance of Assessment (f)                                              |
| 1040<br>1040<br>*****                                           | 12/31/1991<br>12/31/1993<br>******                                               | 213-60-7513                                                                                           | 06/12/1993<br>05/30/1994<br>******                                                         | 07/12/2003<br>06/29/2004<br>*****         | 2482.84<br>2833.41<br>********                                                |
|                                                                 |                                                                                  |                                                                                                       | ·                                                                                          |                                           |                                                                               |
|                                                                 |                                                                                  |                                                                                                       |                                                                                            |                                           |                                                                               |
|                                                                 |                                                                                  |                                                                                                       |                                                                                            |                                           | ·                                                                             |
| Place of Filing                                                 | QUEE                                                                             | K OF THE CIRCU<br>N ANNE'S COUNT<br>REVILLE, MD 21                                                    | A.                                                                                         | Total                                     | <b>\$</b> 5316.25                                                             |
| This notice wa                                                  | <del>-</del>                                                                     | signed atBa }                                                                                         |                                                                                            |                                           | , on this,                                                                    |
| the <u>11th</u> d                                               | lay of <u>Decem</u>                                                              | <u>be</u> r, <u>199</u> 8                                                                             |                                                                                            |                                           |                                                                               |
| Signature                                                       | alle                                                                             | ) lake acknowledaments is not e                                                                       | <u></u>                                                                                    | ef, SPf                                   |                                                                               |

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Form 668 (Y)

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Department of the Treasury - Internal Revenue Service

## Notice of Federal Tax Lien

(Rev. October 1993) For Optional Use by Recording Office District Serial Number BALTIMORE, MD 529500611 As provided by sections 6321, 6322, and 6323 of the internal Revenue Code, we are giving a notice that taxes (including interest and penalties) have been assessed against the following-named taxpayer. We have made a demand for payment of this liability, but it remains unpaid. Therefore, there is a lien in favor of the United States on all property and rights to QUEEN ANNE'S COUNT property belonging to this taxpayer for the amount of these taxes, and additional penalties, interest, and costs that may accrue. Name of Taxpayer MICHAEL A SIPES PLUMBING INC , a CORPORATION Residence 114 FIRST ST CHESTER, MD 21619-2718 IMPORTANT RELEASE INFORMATION: For each assessment listed below. unless notice of lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a). Tax Period Date of Last Day for **Unpaid Balance** Kind of Tax Ended Identifying Number Assessment of Assessment Refilling (d) (b) (a) (c) (a) (f)Ø1/12/Ø4 1161.Ø3 Ø9/3Ø/93 52-1667458 12/13/93 941 Ø3/14/94 Ø4/13/Ø4 4341.72 941 12/31/93 52-1667458 Ø7/Ø6/Ø4 3538.69 941 Ø3/31/94 52-1667458 Ø6/Ø6/94 10/12/04 3097.23 941 06/30/94 52-1667458 Ø9/12/94 3006.19 941 09/30/94 52-1667458 12/19/94 Ø1/18/Ø5 Place of Filing CLERK OF THE CIRCUIT COURT Total 15144.86 QUEEN ANNE'S COUNTY CENTREVILLE, MD 21617 This notice was prepared and signed at \_\_BALTIMORE, MD the <u>11th</u> day of <u>January</u>, 19 <u>95</u>. Title Signature MANAGER 52-01-6999 ACS for

TELENAMENT OR VEADO

529500611

January 17

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WICHAEL R CIPES PLUMBING INC. a Corporation

114 FIRST ST 21619-2718

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Serial No. 2192

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CLERK OF THE CIRCUIT COURT GUEEN ANNE S COUNTY 21617 SEMTREVILLE,

15144.86

Baltimore, Nu

October

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Chief, SP#

Form 668 (Z) 282

Department of the Treasury - Internal Revenue Service

## Certificate of Release of Federal Tax Lien

| (Rev. 5-94)                                                                                | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Ceillileale                                                                                                              | ai veigaze                                                                                   | oi reue                                                 | rai ia               | IX LICH                                             |
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| District                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Serial Numi                                                                                                              | Der                                                                                          |                                                         | For                  | Jse by Recording Office                             |
| of the internal all statutory as taxes and add notice of interr 18 95 is in these taxes an | to the following-<br>Revenue Code had tone. Therefore the boom to the following the boom to the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the followi | name taxpayer, the requiave been satisfied for the set the fillen provided by Creleased. The proper office was filled on | e taxes listed belo<br>code section 6321<br>icer in the office<br>ry 17<br>the release of th | ow and for<br>I for these<br>where the                  |                      | CLERK, CIRCUIT COURT<br>96 OCT 22 AM 9: 47          |
| nagkat to oman                                                                             | A@& WICHUEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | A SIPES PLUMBI                                                                                                           | NG INC, a                                                                                    | Corporat                                                | ion                  | CIRCU<br>CIRCU<br>22 A                              |
|                                                                                            | 14 FIRST ST<br>HESTER,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MD 21619-271                                                                                                             | 8                                                                                            |                                                         |                      | CLERK, CIRCUIT COURT<br>96 OCT 22 AH 9: 47          |
| COURT RECO<br>Liber                                                                        | RDING INFOR<br>Page                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MATION:<br>UCC No.                                                                                                       | Serial N                                                                                     | o.<br>2192                                              |                      |                                                     |
| Kind of Tax<br>(a)                                                                         | Tax Period<br>Ended<br>(b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ldentifying Number (c)                                                                                                   | Date of Assessment (d)                                                                       | Last Da<br>Refili<br>(e)                                | ng                   | Unpaid Balance<br>of Assessment<br>(f)              |
| 941<br>941<br>941<br>941<br>941<br>****                                                    | 09/30/93<br>12/31/93<br>03/31/94<br>06/30/94<br>09/30/94<br>*****                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 52-1667458<br>52-1667458<br>52-1667458<br>52-1667458<br>52-1667458<br>******                                             | 12/13/93<br>03/14/94<br>06/06/94<br>09/12/94<br>12/19/94<br>*****                            | 01/12/<br>04/13/<br>07/06/<br>10/12/<br>01/18/<br>***** | 04<br>04<br>04<br>05 | 1161.03<br>4341.72<br>3538.69<br>3097.23<br>3006.19 |
|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | •                                                                                                                        |                                                                                              |                                                         |                      |                                                     |
| Place of Filing                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | OF THE CIRCUIT<br>ANNE'S COUNTY<br>VILLE, MD 216                                                                         |                                                                                              |                                                         | Total                | \$ 15144 <sub>-</sub> 86                            |
| This notice was                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | gneo at                                                                                                                  | ore, MD                                                                                      |                                                         |                      | , on this,                                          |
| Signature                                                                                  | Miss                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                          | Title                                                                                        | Chief, S                                                | Pf                   |                                                     |

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Form 668 (Y) (Rev. October 1993)

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Department of the Treasury - Internal Revenue Service

#### Notice of Federal Tax Lien

For Optional Use by Recording Office

Serial Number District BALTIMORE, MD 529500237 As provided by sections 6321, 6322, and 6323 of the Internal Revenue Code, we are giving a notice that taxes (including interest and penalties) have been assessed against the following-named taxpayer. We have made a demand for payment of this liability, but it remains unpaid. Therefore, there is a lien in favor of the United States on all property and rights to QUEEN ANNE'S COUNT property belonging to this taxpayer for the amount of these taxes, and additional penalties, interest, and costs that may accrue. Name of Taxpayer RICHARD CHARLES JONES SHIP & SHORE RESTORATION Residence 320 PINDERHILL RD CHURCH HILL, MD\_ 21623-1228 IMPORTANT RELEASE INFORMATION: For each assessment listed below, unless notice of lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a). Unpaid Balance Last Day for **Tax Period** Date of of Assessment Kind of Tax **Identifying Number** Assessment Refiling **Ended** (d) (e) (f)(b) (c) (a) 5369.60 52-1579130 Ø9/26/94 10/26/94 09/30/90 741 2138.72 Ø9/19/94 10/19/04 09/30/91 52-1579130 941 545.61 10/19/04 52-1579130 Ø9/19/94 12/31/91 941 1448.45 10/19/04 Ø9/19/94 52-1579130 941 Ø6/3Ø/92 3167.51 09/19/94 10/19/04 Ø9/3Ø/92 52-1579130 941 48Ø7.77 10/19/04 09/19/94 52-1579130 12/31/92 941 3168.46 10/19/04 Ø9/19/94 52-1579130 Ø3/31/93 941 1241.24 10/19/04 Ø9/19/94 941 Ø6/3Ø/93 52-15791**3**Ø 3495.Ø1 52-1579130 Ø9/19/94 10/19/04 09/30/93 941 2598.10 10/19/04 52-1579130 Ø9/19/94 12/31/93 941 273.33 09/19/94 10/19/04 03/31/94 52-1579130 941 2518.73 Ø9/12/94 10/12/04 52-1579130 Ø6/3Ø/94 941 263.58 10/19/04 Ø9/19/94 52-1579130 940 12/31/92 286.07 10/19/04 Ø9/19/94 94Ø 12/31/93 52-157913Ø Place of Filing CLERK OF THE CIRCUIT COURT Total \$ 31322.18 QUEEN ANNE'S COUNTY MD 21617 CENTREVILLE, BALTIMORE, MD , on this, This notice was prepared and signed at \_ he <u>07th</u> day of <u>January</u>, 19 <u>95</u>. Title REVENUE OFFICER Signature 52-01-1526 (NOTE: Certificate of officer authorized by law to take acknowledgments is not essential to the validity of Notice of Federal Tax lien

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Form 668 (Y) (Rev. October 1993)

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Department of the Treasury - Internal Revenue Service

# Notice of Federal Tax Lien

| District                                                                         | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Serial Num                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ber                                                                                                |                                               | For Optio         | nal Use by Recording Office                                  |
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| BA                                                                               | ALTIMORE, N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5295005                                                                                            | 502                                           |                   |                                                              |
| As provided Code, we are have been as a demand for there is a lie property below | by sections 63 by sections 63 by sections 63 by sections for the section in favor of the section in favor of the section in favor of the section in favor of this section in favor of this section in favor of this section in favor of this section in favor of this section in favor of this section in favor of this section in favor of this section in favor of this section in favor of this section is section in favor of this  321, 6322, and 6323 of that taxes (including the following-named this liability, but it remove United States on all taxpayer for the amove, and costs that may according to the texpayer for the texpayer for the texpayer for the texpayer for the amove, and costs that may according the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer for the texpayer fo | of the Internal g Interest and p taxpayer. We ha nains unpaid. Ti ii property and unt of these tax | Revenue enaltles) ve made herefore, rights to |                   | CLERK. CIRCUIT COURT 95 JAN 17 AM 10: 50 00EEN ANNE'S COUNTY |
| lame of Taxpa                                                                    | ayer CHARLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5 C MILLESON JR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    |                                               |                   | ECEIVED<br>CIRCUIT<br>17 AMI                                 |
|                                                                                  | PO BOX 452<br>CENTREVILLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | E, MD 21617-Ø4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 52                                                                                                 |                                               |                   | WED<br>UIT COURT<br>AM 10: 50                                |
| unless notice                                                                    | of lien is refiled<br>ollowing such da                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ORMATION: For each by the date given in coate, operate as a certificate,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | lumn (e), this not                                                                                 | tice shall,                                   |                   |                                                              |
| Kind of Tax                                                                      | Tax Period<br>Ended<br>(b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | identifying Number<br>(c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date of Assessment (d)                                                                             | Last Da<br>Refilir<br>(e)                     |                   | Unpaid Balance<br>of Assessment<br>(f)                       |
| 1Ø4Ø                                                                             | 12/31/93                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 226-56-2856                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Ø5/3Ø/94                                                                                           | Ø6/29/                                        | Ø4                | 8631.60                                                      |
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| Place of Filing                                                                  | CLERK<br>QUEEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | OF THE CIRCUIT<br>ANNE'S COUNTY<br>EVILLE, MD 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | COURT                                                                                              |                                               | Total             | \$ 8631.60                                                   |
| his notice wa                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | d signed at <u>BALTI</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                    |                                               |                   | , on this,                                                   |
| he <u>løth</u> da                                                                | y of <del>Janua</del> i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>≎y</u> ,19 <u>95</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                    |                                               |                   |                                                              |
| Signature<br>for                                                                 | A alla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | AC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Title                                                                                              |                                               | IANAGEI<br>52-Ø1- |                                                              |
| (NOTE: Certi                                                                     | ificate of officer aut                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | horized by law to take ackno                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | wledgments is not e                                                                                | ssential to the                               | validity of       | Notice of Federal Tax lien                                   |

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Form 668 (Y)

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Department of the Treasury - Internal Revenue Service

### **Notice of Federal Tax Lien**

(Rev. October 1993) For Optional Use by Recording Office Serial Number District 529500487 BALTIMORE, MD As provided by sections 6321, 6322, and 6323 of the Internal Revenue Code, we are giving a notice that taxes (including interest and penalties) have been assessed against the following-named taxpayer. We have made a demand for payment of this liability, but it remains unpaid. Therefore, there is a lien in favor of the United States on all property and rights to property belonging to this taxpayer for the amount of these taxes, and additional penalties, Interest, and costs that may accrue. Name of Taxpayer DAVID K BURDEAUX Residence 351 PROSPECT BAY DR W GRASONVILLE, MD 21638-9651 IMPORTANT RELEASE INFORMATION: For each assessment listed below, unless notice of lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a). Last Day for Unpaid Balance Tax Period Date of of Assessment Kind of Tax Ended Identifying Number Assessment Refilina (d) (f)(a) (b) (e) (C) 7682.92 11/22/93 12/22/03 12/31/89 1040 212-80-1872 11312.34 11/22/93 12/22/03 1040 12/31/90 212-80-1872 12/22/03 1062.84 12/31/91 212-80-1872 11/22/93 1040 46 Place of Filing CLERK OF THE CIRCUIT COURT Total 20058.10 QUEEN ANNE'S COUNTY 21617 CENTREVILLE, MD This notice was prepared and signed at \_\_BALTIMORE, MD ., on this, the <u>10th</u> day of <u>January</u>, 19 <u>95</u>. Title Signature MANAGER ACS 52-Ø1-6999 (NOTE: Certificate of officer authorized by law to take acknowledgments is not essential to the validity of Notice of Federal Tax lien

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FOR ILL STAYELS

Form 668 (Y) (Rev. October 1993)

Department of the Treasury - Internal Revenue Service

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Notice of Federal Tax Lien

| District                                                                           |                                                                                               | Serial Nu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ımber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | F                                      | or Optio       | nal Use by Recording Office              |
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| BA                                                                                 | ALTIMORE, N                                                                                   | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5295ØØ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 391                                    |                | į                                        |
| Code, we are have been as a demand for there is a lie property belo additional per | e giving a notic<br>sessed against<br>r payment of the<br>n in favor of the<br>onging to this | 321, 6322, and 6323 e that taxes (including the following-name his liability, but it represents the second taxpayer for the arrow and costs that may the CHANEY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ing interest and p<br>d taxpayer. We ha<br>emains unpald. To<br>all property and<br>nount of these ta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | enalties) ave made herefore, rights to |                | RECEIVED COURT COURT OUEEN ANNE'S COUNTY |
|                                                                                    | 14 KENT TOU<br>CHESTER, MI                                                                    | NNE MARKET BOX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 383                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |                | AH IO: 51                                |
| unless notice                                                                      | of lien is refiled<br>ollowing such da                                                        | ORMATION: For each by the date given in the term in the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contra | column (e), this no                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | tice shall,                            |                |                                          |
| Kind of Tax<br>(a)                                                                 | Tax Period<br>Ended<br>(b)                                                                    | Identifying Numbe<br>(c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date of Assessment (d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Last Day for Refiling                  | or             | Unpaid Balance of Assessment (f)         |
| 1 <i>0</i> 40<br>1 <i>0</i> 40                                                     | 12/31/92<br>12/31/93                                                                          | 279-22-2248<br>279-22-2248                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Ø6/23/Ø3<br>Ø6/Ø8/Ø4                   |                | 6848.98<br>22495.66                      |
|                                                                                    |                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        | ;.             |                                          |
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| Place of Filing                                                                    | CLERK<br>QUEEN                                                                                | OF THE CIRCUI<br>ANNE'S COUNTY<br>EVILLE, MD 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | a contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of | 1                                      | Total          | \$ 29344.64                              |
|                                                                                    | is prepared and                                                                               | d signed atBAL <sup>-</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TIMORE, MD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        |                | , on this,                               |
| the da<br>Signature<br>for                                                         | 100                                                                                           | , 19<br>H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        | VENUE<br>-Ø1-: | E OFFICER<br>1526                        |
| (NOTE: Certi                                                                       | ficate of officer aut                                                                         | horized by law to take ack                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (nowledgments is not e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ssential to the val                    | lidity of I    | Notice of Federal Tax lien               |

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CLERK OF THE GIROUNT COURT DISCEN ANNE'S COURTY CENTREVILLE, no 21617

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Form 668 (Z)

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Department of the Treasury - Internal Revenue Service

(Rev. 5-94)

# Certificate of Release of Federal Tax Lien

| District                                                                                                                     |                                                                                                                                               | Serial Numi                                                                                                                                     | ber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                     | For   | Use by Recording Office                  |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------|------------------------------------------|
| BA                                                                                                                           | LTIMORE, M                                                                                                                                    | D                                                                                                                                               | 5295003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 591                                                 |       |                                          |
| i certify that as of the internal all statutory actaxes and add motice of internal 19 95 is in these taxes and Name of Taxpa | to the following-Revenue Code hiditions. Therefor itions has been in all revenue tax lies in authorized to indicate additions.  Yer HAROLD H. | name taxpayer, the requieve been satisfied for the re, the lien provided by Creleased. The proper office was filled on the books to show CHANEY | Irements of section taxes listed belocated belocated by the control of the control of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of the colors of | on 6325 (a)<br>ow and for<br>for these<br>where the |       | CLERK, CIRCUIT COURT 95 APR 26 API 9: 31 |
| C                                                                                                                            | HESTER, MD RDING INFO Page 130                                                                                                                |                                                                                                                                                 | Serial No.<br>2196                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                     |       | JRT<br>31                                |
| Kind of Tax (a)                                                                                                              | Tax Period<br>Ended<br>(b)                                                                                                                    | Identifying Number (c)                                                                                                                          | Date of Assessment (d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Last Da<br>Refili<br>(e)                            |       | Unpaid Balance<br>of Assessment<br>(1)   |
| 1040<br>1040<br>******                                                                                                       | 12/31/92<br>12/31/93<br>******                                                                                                                | 279-22-2248                                                                                                                                     | 05/24/93<br>05/09/94<br>******                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 06/23/0<br>06/08/0<br>******                        | )4    | 6848.98<br>22495.66<br>******            |
| S.                                                                                                                           |                                                                                                                                               |                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                     |       |                                          |
|                                                                                                                              |                                                                                                                                               |                                                                                                                                                 | <del></del> <sub> </sub>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                     |       |                                          |
| Place of Filing                                                                                                              | QUEEN                                                                                                                                         | OF THE CIRCUIT<br>ANNE'S COUNTY<br>VILLE, MD 210                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                     | Total | \$<br>29344.64                           |
|                                                                                                                              | prepared and si                                                                                                                               | gned at                                                                                                                                         | MORE, MD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                     |       | on this,                                 |
| Signature                                                                                                                    | sed a                                                                                                                                         | aller                                                                                                                                           | Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Chief, S                                            | SPf   |                                          |

WRITED AN OFFICE SPECIAL PROPERTY OF SUCCESSION OF SUCCESSION OF SUCCESSION OF SUCCESSION 77 3400000<u>1</u>2  $=0.3~\mathrm{pm}~\mathrm{Jang}$ Caech ange court ...E/\* THAT SHE'D TO BE BY BY COR 그런 #도면되고도 思思。1884年2 日本文本語 3255C4, 28 Steam and waster to the contrast ាសការលើ ម្ហា ស**កាប**ាស់កា និយល់ដំណូល

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Form 668 (Y)

Department of the Treasury - Internal Revenue Service

| v. October 1993)                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Noti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ce of Fede                                                                     | ral Tax                                                     | Lien  |                                            |  |  |
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| etrict                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Serial Numl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Serial Number                                                                  |                                                             |       | For Optional Use by Recording Office       |  |  |
| s provided ode, we are ave been as demand for ere is a lier operty belo | giving a notice sessed against repayment of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the line favor of the | 321, 6322, and 6323 of that taxes (including the following-named this liability, but it remove United States on all taxpayer for the amount and costs that may accept the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second | interest and paxpayer. We have alone unpaid. To property and until of these ta | Revenue<br>penaities)<br>ave made<br>herefore,<br>rights to |       | CLERK, CIRCUIT COURT<br>95 JAN 24 AM 8: 58 |  |  |
| ne of Taxpa                                                             | ayer<br>MELVIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | L ADKINS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |                                                             |       | RCUIT (<br>L AM (                          |  |  |
|                                                                         | COUTE 1 BOX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ( 266–A, MERGANS<br>N, MD 2162Ø                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SER DRIVE                                                                      |                                                             |       | COURT<br>8: 58<br>COURTY                   |  |  |
| unless notice<br>on the day fo<br>n IRC 6325(                           | of lien is refiled<br>bllowing such da                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ORMATION: For each by the date given in colute, operate as a certific                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | lumn (e), this no                                                              | otice shall,<br>as defined<br>Last Da                       |       | Unpald Balance                             |  |  |
| ind of Tax<br>(a)                                                       | Ende <b>đ</b><br>(b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Identifying Number<br>(c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Assessment (d)                                                                 | Refill<br>(e)                                               |       | of Assessment (f)                          |  |  |
| 1 Ø 4 Ø<br>1 Ø 4 Ø<br>1 Ø 4 Ø                                           | 12/31/82<br>12/31/83<br>12/31/84                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 215-40-2740<br>215-40-2740<br>215-40-2740<br>4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ø3/13/89<br>Ø6/19/89<br>Ø3/13/89                                               | Ø4/12/9<br>Ø7/19/9<br>Ø4/12/9                               | 9     | 21493.57<br>39744.28<br>36604.28           |  |  |
|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                |                                                             |       |                                            |  |  |
| ce of Filing                                                            | ί.<br>(                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | UNTY<br>21617                                                                  | т                                                           | Total | \$ 97842.13                                |  |  |
|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 10:10 82                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |                                                             |       | , on this,                                 |  |  |
| s notice wa                                                             | s prepared and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | d signed atBALT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | IMORF, MD.                                                                     |                                                             |       | , on this,                                 |  |  |
|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | d signed atBALT<br>-y , 19 <u>- 95</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | IMORE, MD.                                                                     |                                                             |       | , on ans,                                  |  |  |

PE COUNTY, SALA.



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Department of the Treasury - Internal Revenue Service Ø Form 668 (Y)Notice of Federal Tax Lien (Rev. October 1993) For Optional Use by Recording Office Serial Number District 529501351 BALTIMORE, MD As provided by sections 6321, 6322, and 6323 of the Internal Revenue Code, we are giving a notice that taxes (including interest and penalties) have been assessed against the following-named taxpayer. We have made a demand for payment of this liability, but it remains unpaid. Therefore, QUEEN ANNE'S COUNT there is a lien in favor of the United States on all property and rights to property belonging to this taxpayer for the amount of these taxes, and additional penalties, interest, and costs that may accrue. Name of Taxpayer KATHERINE M LOHMAN Residence RT 1 BOX 20 PRESTON, MD\_\_\_21666-9801 IMPORTANT RELEASE INFORMATION: For each assessment listed below. unless notice of lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a) Last Day for Unpaid Balance Tax Period Date of of Assessment Kind of Tax Ended .Assessment Refiling Identifying Number (d) (1) (e) (a) (b) (c) 21099.53 -1Ø44 408/Ø8/94 09/07/04 1040: 12/31/89 Place of Filing CLERK OF THE CIRCUIT COURT Total 21099.53 QUEEN ANNE'S COUNTY CENTREVILLE, MD This notice was prepared and signed at \_\_\_\_BALTIMORE, MD on this, the 23rd day of January , 19 95. Title Signature MANAGER 52-01-6999 ACS

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Form 668 (Y)

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#### Department of the Treasury - Internal Revenue Service

| Rev. October 1993)                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Notice                                                                        | of Federal Tax                                | Liem                                   | `                                                                           |  |  |  |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------|--|--|--|
| District                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Serial Number                                                                 | Serial Number                                 |                                        | nal Use by Recording Office                                                 |  |  |  |
|                                                                                                                  | TIMORE, MD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                               | 529501342                                     |                                        | •                                                                           |  |  |  |
| As provided by Code, we are ginave been asset a demand for puthers is a lien in property belong additional penal |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RECEIVED<br>CLERK, CIRCUIT COURT<br>95 JAN 26 AM 9: 19<br>QUEEN ANNE'S COUNTY |                                               |                                        |                                                                             |  |  |  |
| Name of Taxpaye                                                                                                  | <sup>97</sup> ALVIN V JENK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | INS JR                                                                        |                                               |                                        | E'S COU                                                                     |  |  |  |
|                                                                                                                  | Ø WILLIAM WAY<br>EVENSVILLE, MD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 21366-2708                                                                    | 1                                             | COURT<br>9: 19<br>COUNTY               |                                                                             |  |  |  |
| unless notice of                                                                                                 | ELEASE INFORMATION IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROP | te given in column                                                            | (e), this notice shall,                       |                                        |                                                                             |  |  |  |
| Kind of Tax:                                                                                                     | Tax Period Ended identify (b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ing Number As:                                                                | Date of Last De<br>sesement Refill<br>(d) (e) | ng                                     | Unpaid Balance<br>of Assessment<br>(f)                                      |  |  |  |
| 1040<br>1040<br>1040<br>1040<br>1040                                                                             | 12/31/87 212-<br>12/31/88 212-<br>12/31/89 212-<br>12/31/90 212-<br>12/31/91 212-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -40-1681/ 106<br>-40-1681 106<br>-40-1681 06<br>-40-1681 06<br>-40-1681 06    | /13/94                                        | /04<br>/04<br>/04<br>/04<br>/04<br>/04 | 24102.33<br>15505.25<br>6446.42<br>6161.41<br>5919.72<br>7006.26<br>6194.33 |  |  |  |
| Place of Filing                                                                                                  | CLERK OF TH<br>QUEEN ANNE?<br>CENTREVILLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               |                                               | Total                                  | \$ 71335.72 (3                                                              |  |  |  |
| This notice was p                                                                                                | prepared and signed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | at <u>BALTIMOR</u>                                                            | E, MD                                         |                                        | , on this,                                                                  |  |  |  |
| the <u>23nd</u> day c                                                                                            | of <u>January</u> , 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>95</u> .                                                                   |                                               |                                        | ·<br>·                                                                      |  |  |  |
| Signature<br>for \$                                                                                              | A aller                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ACS                                                                           |                                               | MANAGEF<br>52-Ø1-6                     |                                                                             |  |  |  |
| /MOTE: Certifica                                                                                                 | ate of officer authorized by la                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | w to take acknowledg                                                          | ments is not essential to the                 | validity of N                          | Notice of Federal Tax lien                                                  |  |  |  |

CHECK TO BOOK FOR QUEEN ANGED IN ALLES AND SOUR FOR QUEEN ANGED IN ALLES AND ANGED BOOK FOR PARTY OF THE ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED IN ANGED

HB mae elec.

Lien # 2200

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Form 668 (Y)

431

#### Department of the Treasury - Internal Revenue Service

| Rev. October 1993)                                        |                                                                                                                 | Notice                                                     | not Feder                                                                         | al lax                               | Lien          |                                                        |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------|---------------|--------------------------------------------------------|
| District                                                  |                                                                                                                 | Serial Number                                              |                                                                                   | For Optional Use by Recording Office |               |                                                        |
| As provided by<br>Code, we are giv                        | ing a notice that te                                                                                            | xes (including in                                          | 527501311  and 6323 of the Internal Revenue es (including interest and penalties) |                                      |               | ·                                                      |
| a demand for pa<br>there is a lien in<br>property belongi | sed against the follong the second of this liability of the United Ing to this taxpayer les, interest, and cost | ity, but it remain<br>I States on all pi<br>for the amount | s unpaid. The roperty and rigor of these taxes                                    | erefore,<br>ghts to                  |               | RECEIVED<br>CLERK, CIRCUIT COURT<br>95 JAN 26 AM 9: 19 |
| Posidos po                                                | 1ACK GLASS & L                                                                                                  | PHOLSTERY                                                  | ATION , a                                                                         | CORPOR                               | RATION        | IVED<br>CUIT COURT<br>AM 9: 19                         |
| STE                                                       | SHOPPING CEN<br>EVENSVILLE, MC                                                                                  | 21666, ^X                                                  | 21666                                                                             |                                      |               | URT<br>19                                              |
| unless notice of I                                        | ELEASE INFORMATI<br>lien is refiled by the d<br>ving such date, opera                                           | ate given in colum                                         | n (e), this notic                                                                 | e shall, 📗                           |               |                                                        |
|                                                           | mx Periód<br>Ended Identif<br>(b)                                                                               | ying Number A                                              | Date of ssessment (d)                                                             | Last Da<br>Refill<br>(e)             |               | Unpaid Balance<br>of Assessment<br>(f)                 |
|                                                           |                                                                                                                 |                                                            | 3/21/94<br>7/04/94                                                                | 04/20,<br>08/03,                     |               | 5150.91<br>1056.73                                     |
|                                                           |                                                                                                                 |                                                            |                                                                                   |                                      |               |                                                        |
|                                                           |                                                                                                                 |                                                            |                                                                                   |                                      | ı             |                                                        |
| Place of Filing                                           |                                                                                                                 |                                                            |                                                                                   |                                      |               | <u>.</u>                                               |
|                                                           | CLERK OF TH<br>QUEEN ANNE'<br>CENTREVILLE                                                                       |                                                            |                                                                                   |                                      | Total         | \$ 6207.64                                             |
| This notice was pi                                        | repared and signed                                                                                              | at <u>BALTIMO</u>                                          | RE, MD                                                                            |                                      |               | , on this,                                             |
| he <u>23rd</u> day of                                     | January , 1                                                                                                     | 9 <u>95</u> .                                              |                                                                                   | ·                                    |               |                                                        |
| Signature<br>for S                                        | Ti alle                                                                                                         |                                                            | Title                                                                             |                                      | REVENUE       | E OFFICER<br>1523                                      |
| (NOTE: Cartificate                                        | e of officer authorized by                                                                                      | law to take acknowled                                      | Inmente is not occ                                                                | ential to the                        | validity of ! | Notice of Federal Tax lien                             |

Rev. Rul. 71-466, 1971 - 2 C.B. 409) Form 668 (Y) (Rev. 10-93)